

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **N94000005062**

1. Entity Name

**CHRISTIAN SOCIAL SERVICES OF LAKE & SUMTER COUNT
IES, INC.****FILED**
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90265 031 ****61.25

Principal Place of Business

Mailing Address **Same as Principal
of business****1326 W NORTH BLVD. #5
LEESBURG FL 34748****P O BOX 313
FRUITLAND PARK FL 34731**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1326-5 North Blvd.

Suite, Apt. #, etc.

City & State

City & State

Leesburg, FL

4. FEI Number

59-3272397

Applied For

Not Applicable

Zip

Country

Zip

34748

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURNER, KAREN
1501 AKRON DR
P O BOX 313
FRUITLAND PARK FL 34731**Name **Joe Ford**

Street Address (P.O. Box Number is Not Acceptable)

1403 Arredono Drive

City

The Villages**FL**

Zip Code

32159

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Joe Ford, President**4.12.02****FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, GEORGE	
STREET ADDRESS	P O BOX 238	
CITY-ST-ZIP	OKAHUMPKA FL 34762	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCNAUGHTON, TOM	
STREET ADDRESS	1431 S SCHWARTZ	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TURNER, KAREN	
STREET ADDRESS	1326 W NORTH BLVD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIEL, JOHN C. REV	
STREET ADDRESS	1330 SUNSHINE AVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MACMILLAN, VELMA J	
STREET ADDRESS	4335 LEAFWAY CIRCLE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUDEK, MILLIE	
STREET ADDRESS	1503 ALFONSO	
CITY-ST-ZIP	LADY LAKE FL 32159	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Ford	
STREET ADDRESS	1403 Arredono Drive	
CITY-ST-ZIP	The Villages, FL 32159	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Thorpe	
STREET ADDRESS	28944 Hubbard Street	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Gillhouse	
STREET ADDRESS	819 Oak Drive	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

352-787-3579

Daytime Phone #

CR2E037 (9/01)