

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005062

FILED  
Jan 07, 2005  
Secretary of State

**Entity Name:** CHRISTIAN SOCIAL SERVICES OF LAKE & SUMTER COUNTIES, INC.

**Current Principal Place of Business:**

1326 W NORTH BLVD  
SUITE #5  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

1326 W NORTH BLVD  
SUITE #5  
LEESBURG, FL 34748 US

**New Mailing Address:**

**FEI Number:** 59-3272397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIEL, JOHN REV FR  
1330 SUNSHINE AVE  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

SCHWARZ, TAREN  
1326 W. N. BLVD.  
SUITE 5  
LEESBURG, FL 34748 US

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: TAREN SCHWARZ

01/07/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TROMBLEY, DON  
Address: 1004 LEE LANE  
City-St-Zip: LEESBURG, FL 34748

Title: VP ( ) Delete  
Name: MARTIN, CHARLIE  
Address: P.O. BOX 492139  
City-St-Zip: LEESBURG, FL 347492139

Title: T ( ) Delete  
Name: CLARK, LINDA  
Address: 1330 SUNSHINE AVE  
City-St-Zip: LEESBURG, FL 34748

Title: S ( ) Delete  
Name: BROWNE, TRISHA  
Address: 404 S US HWY 27VE  
City-St-Zip: CLERMONT, FL 34711

Title: PP ( ) Delete  
Name: GIEL, FR. JOHN  
Address: 1330 SUNSHINE AVE  
City-St-Zip: LEESBURG, FL 34748

Title: CEO ( ) Delete  
Name: SCHAWRZ, TAREN EXEC. D  
Address: PO BOX 174  
City-St-Zip: FRUITLAND, FL 34731

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAREN SCHWARZ

CEO

01/07/2005

Electronic Signature of Signing Officer or Director

Date