

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005062

FILED
Mar 13, 2006
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:

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

Name and Address of New Registered Agent:

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: _____

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: T (X) Change () Addition
Name: BROWNE, TRISHA
Address: PO BOX 330
City-St-Zip: MINNEOLA, FL 34755

Title: S (X) Change () Addition
Name: ROWIN, JEANIE
Address: 210 CITRUS TOWER
City-St-Zip: CLERMONT, FL 34711

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 Chapter 119, 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

ED

03/13/2006

Electronic Signature of Signing Officer or Director

_____ Date