2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400005062

FILED Feb 12, 2007 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:			
1326 W NORTH BLVD SUITE #5 LEESBURG, FL 34748 US				1315 NORTH SHORE DRIVE LEESBURG, FL 34748 US			
Current Mailing Address:				New Mailing Address:			
	ORTH BLVD	-		1315 NORTH SHORE DRIVE			
SUITE #5 LEESBUR(G, FL 34748	34748 US		LEESBURG, FL 34748 US			
FEI Number:	59-3272397	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of S	tatus Desired ()
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of New Registered Agent:				
SCHWARZ, TAREN 1326 W. N. BLVD. SUITE 5 LEESBURG, FL 34748 US				SCHWARZ, TAREN 1315 NORTH SHORE DRIVE LEESBURG, FL 34748 US			
	named entity su of Florida.	ubmits this statement for the pur	rpose of	changing it	s registered o	office or registe	red agent, or both,
SIGNATUR	RE: TAREN SO	CHWARZ				02/12/2	007
	Electronic	c Signature of Registered Agent	t			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ()[TROMBLEY, DOI 1004 LEE LANE LEESBURG, FL			Title: Name: Address: City-St-Zip:	()) Change ()Addi	tion
Title: Name: Address: City-St-Zip:	VP ()[MARTIN, CHARL P.O. BOX 49213 LEESBURG, FL	9		Title: Name: Address: City-St-Zip:	VP (X LODGE, JOHN PO BOX 49124 LEESBURG, FL	6	ition
Title: Name: Address: City-St-Zip:	T ()E BROWNE, TRISH PO BOX 330 MINNEOLA, FL			Title: Name: Address: City-St-Zip:	()) Change ()Addi	tion
Title: Name: Address: City-St-Zip:	S ()[ROWIN, JEANIE 210 CITRUS TOV CLERMONT, FL			Title: Name: Address: City-St-Zip:	()) Change ()Addi	tion
Title: Name: Address: City-St-Zip:	PP ()[GIEL, FR. JOHN 1330 SUNSHINE LEESBURG, FL			Title: Name: Address: City-St-Zip:	()) Change ()Addi	tion
Title: Name: Address: City-St-Zip:	CEO ()[SCHAWRZ, TARI PO BOX 174 FRUITLAND, FL			Title: Name: Address: City-St-Zip:	CEO (X SCHAWRZ, TA 1315 NORTH S LEESBURG, FI	HORE DRIVE	ition

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 CEO 02/12/2007