

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91199 009 *****61.25

DOCUMENT # N94000005062

1. Entity Name

**CHRISTIAN SOCIAL SERVICES OF LAKE & SUMTER COUNT
IES, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3272397**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FORD, JOE
1403 ARREDONO DRIVE
THE VILLAGES FL 32159**

7. Name and Address of New Registered Agent

Name **Rev. Fr. JOHN C. Giel**
Street Address (P.O. Box Number is Not Acceptable) **1330 Sunshine Ave.**
City **Leesburg** FL Zip Code **34748**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FORD, JOE	
STREET ADDRESS	1403 ARREDONO DRIVE	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE	VP	<input checked="" 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	THORPE, ALAN	
STREET ADDRESS	28944 HUBBARD STREET	
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	GILLHOUSE, JUDITH	
STREET ADDRESS	819 OAK DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DUDEK, MILLIE	
STREET ADDRESS	1503 ALFONSO	
CITY-ST-ZIP	LADY LAKE FL 32159	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FR. JOHN C. Giel	
STREET ADDRESS	1330 Sunshine Ave	
CITY-ST-ZIP	Leesburg FL 34748	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Charles Martin	
STREET ADDRESS	P.O. Box 442139	
CITY-ST-ZIP	LEESBURG, FL 34749-2139	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR. BOB POOLE	
STREET ADDRESS	LAKE County Bd. of County Commissioners	
CITY-ST-ZIP	P.O. Box 7800 TAVARES, FL 32778	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON TRAMBLEY	
STREET ADDRESS	1004 Lee Lane	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	TREA.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA CLARK	
STREET ADDRESS	33746 Spring Drive	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LT. Ginny Padgett	
STREET ADDRESS	115 EAST MAGNOLIA AVE	
CITY-ST-ZIP	Leesburg, FL 34748	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(a), 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 REQUIRED

4-17-03

CR2E037 (10/02)