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**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90016 027 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000001309**

1. Corporation Name

**C. S. LEWIS SOCIETY, INC.**

Principal Place of Business  
1957 SOURWOOD BOULEVARD  
DUNEDIN FL 34698

Mailing Address  
1957 SOURWOOD BOULEVARD  
DUNEDIN FL 34698



2. Principal Place of Business

21 **2430 Trinity Oaks Blvd.**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
**03/10/1997**

4. FEI Number  
**APPLIED FOR 59-3544288**

Applied For  
Not Applicable

22 City & State  
**New Port Richey, FL**

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country  
**34655 PASCO**

28 Zip Country  
**30**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**WOODWARD, THOMAS E  
1957 SOURWOOD BOULEVARD  
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **WOODWARD, THOMAS E**  
STREET ADDRESS **1957 SOURWOOD BOULEVARD**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** ☐ DELETE  
NAME **MCCULLOUGH, JAMES B**  
STREET ADDRESS **3160 MCMULLEN BOOTH ROAD**  
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE **D** ☐ DELETE  
NAME **CODD, JOHN E**  
STREET ADDRESS **2942 MANDARIN HOLLOW DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **D** ☐ DELETE  
NAME **SMITZ, DON**  
STREET ADDRESS **2501 LAURELWOOD LANE**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **D** ☐ DELETE  
NAME **SMITZ, NANCY**  
STREET ADDRESS **2501 LAURELWOOD LANE**  
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**21 IDLEWILD STREET  
CLEARWATER, FL 33767**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE: T. Woodward**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**May 11, 1999 727-376-6911**  
Date Daytime Phone #

CR2E037 (1/98)