## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 17 1997 8:00am

Secretary of State

941-698-0193

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711473

(9)

Principal Place of FIRST PRESBYTEI 117 N.OAK ST. LAKE PLACID FL. US	RIAN CHURCH	Mailin	•								
FIRST PRESBYTEI 117 N.OAK ST. LAKE PLACID FL US	RIAN CHURCH	P.O.B0	•						B (14 B)B) B(8	41 <b>818</b> 11 <b>8</b> 1811 <b>8</b> 1	18 (1 8281) (88)
117 N.OAK ST. LAKE PLACID FL US			OV 0400		Principal Place of Business Mailing Address						
	LAKE PLACID FL 33862										
2 Principal Place								3. Date Incorporated or Qualified 09/12/1966		te of Last Re <b>04/29/19</b> 1	
	ce of Business	2a. Ma	ailing Address					4. FEI Number	<b>!</b>	Ap	plied For
Suite, Apt. #.	alc	26	ite, Apt. #, etc.					59-2291802			t Applicable
22	OIO.	27	лю, Apt. #, etc.					5. Certificate of Status Desired		<b>\$8.75</b> A Fee Re	
City & State		Ci	ty & State					6. Election Campaign Financing		\$5.00	May Be
Zip Country		Zip Country				Trust Fund Contribution		Added to			
21p	25	29	р	30	ınıry			8. This corporation has tiability for Florida Statutes		tax under s. ≹No	199.032,
<u></u>	9. Name and Address of Current		ed Agent	[30]				10. Name and Address of New R			
					81	Name		······			
STAMM, PATSY					82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)			
1559 S. WASHINGTON BLVD. N.W.					B3					<del></del>	
LAKE PLA	CID FL 33852				<b>D3</b>						
					B4	City			FL	85 Zip C	Code
11. Pursuant to office or reg agent. I am	the provisions of Sections 617.0502 jistered agent, or both, in the State familiar with, and accept the obliga	2 and 617. of Florida. itions of, Se	1508, Florida Statu Such change was ection 617.0503, Fl	tes, the a authorize lorida Sta	bove d by tutes	-named the corp	corpor poration	ation submits this statement for the n's board of directors. I hereby acce		changing its sintment as	s registered registered
SIGNATURE		ot and little if ac	policable (NO)	TE: Registere	d Age	nt signature	required	when reinstating)	DATE		***************************************
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
TITLE	PD		DELETE	1.1 TI	TLE					Change	Addition
NAME	STAMM, PATSY	A1 147		1.2 N							
STREET ADDRESS CITY-ST-ZIP	1559 S. Washington BLVD. Lake Placid Fl 33852	. IN.WY.				ADDRESS					
TITLE	VD	DELETE			1.4 CITY-ST-ZIP 2.1 TITLE			·	-	Change	☐ Addition
NAME	ROOD, SUE			2.2 N	AME		1			-	
STREET ADDRESS	617 SPRING LAKE BLVD.			2.3 \$	TREET	ADORESS					
CITY-ST-ZIP	SEBRING FL 33870					T-ZIP	ļ				
TITLE	V		DELETE	3.1 71			Kow	omen. Howard		Change	Addition
NAME STREET ADORESS	HARRINGTON, ANN 627 APPLE AVE. N.W.			3.2 N		ADORESS	210	omen, Howard Cureline St., N.W.			
CITY-ST-ZIP	LAKE PLACID FL 33852					T-ZIP	lok.	Placed, FL 33852			
TITLE	\$		DELETE	4.1 TI			5			Change	Addition
NAME	MORTENSEN, LYNN			4.21	AME		Done	ahee, Geralbine Francis St.			
STREET ADDRESS	1350 LAKE CLAY DR.			4.3 \$	TREET	ADDRESS	313	Frencis St.			
CITY-ST-ZIP	LAKE PLACID FL 33852		100,000		TY-S	T-ZIP	Seb	ring, F1 33870			
TITLE	TD SUBJECTIONS ASSESSED		☐ DELETE	5.1 TI						Change	☐ Addition
	FURLONG, ISABEL 1478 KISKA ST. N.E.			5.2 N		ADDRESS					
				1	ITY-S						
STREET ADDRESS	LANC PLAGID OF 33007		DELETE	6.1 Ti		. 4"	<del>                                     </del>			Change	Addition
	LAKE PLACID FL 33852 S		F" DEFEIR								
STREET ADDRESS CITY-ST-ZIP			ר") מברבוב	6.2 N	AME						
TITLE	S Conley, Wynelle 411 Park Ave.	<del>_</del>	C' DECEIE			ADDRESS				<del>-</del> ,	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONLEY, WYNELLE 411 PARK AVE. LAKE PLACID FL 33852	+		6.3 S 6.4 C	TREET	T-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby information	S CONLEY, WYNELLE 411 PARK AVE. LAKE PLACID FL 33852 certify that the information supplied indicated on this annual report or significant of the supplied indicated on the supplied indicated in the supplied in the supplied indicated in the supplied in the supplied in the supplied indicated in the supplied in the supplie	upplement	illing does not qual al annual report is	6.3 S 6.4 C lify for the true and	TREET TY-S' exer	T-ZIP mption s rrate and	that m	n Section 119.07(3)(i), Florida Statut ny signature shall have the same leg as required by Chapter 617, Florida	al effect as	if made und	the