


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90015 010 \*\*\*\*61.25

**DOCUMENT # N02000003745**

1. Entity Name  
**BETHEL BAPTIST CHURCH OF LAKE PLACID, INC.**




Principal Place of Business      Mailing Address  
**254 EAST PARK AVENUE**      **254 EAST PARK AVENUE**  
**LAKE PLACID FL 33852**      **LAKE PLACID FL 33852**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E037 (11/03)

4. FEI Number      Applied For  
**03-0443626**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WYLAND, SEAN**  
**254 EAST PARK AVENUE**  
**LAKE PLACID FL 33852**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City      **FL**      Zip Code \_\_\_\_\_

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 *Sean Wyland*      **Sean Wyland**      **2/15/2004**

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	PD	<input type="checkbox"/> Delete
NAME	WYLAND, SEAN	
STREET ADDRESS	254 E. PARK AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHIPPLE, HARRY	
STREET ADDRESS	254 E. PARK AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CANO, JOE	
STREET ADDRESS	254 E. PARK AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLIER, TERRY	
STREET ADDRESS	254 E. PARK AVE	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:** *Sean Wyland*      **Sean Wyland**      **2/15/2004**      **863-699-9700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #