


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90066 014 \*\*\*\*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  
**216 East Park Street**      **216 East Park Street**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.



1st MOORE      CR2E037 (10/04)

City & State      City & State      4. FEI Number      Applied For  
**Lake Placid, FL**      **Lake Placid, FL**      **03-0443626**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**33852**      **Highlands**      **33852**      **Highlands**            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

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

Name      **Harry W. Whipple**  
Street Address (P.O. Box Number is Not Acceptable)      **2420 N. Primrose Road**  
City      **Avon Park**      FL      Zip Code      **33825**

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 **Harry W. Whipple** *Harry W. Whipple* **President/Pastor**      1/31/05  
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, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYLAND, SEAN	NAME	Whipple, Harry W.
STREET ADDRESS	254 E. PARK AVE	STREET ADDRESS	2420 N. Primrose Road
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	Avon Park, FL 33825
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIPPLE, HARRY	NAME	Collier, Terry
STREET ADDRESS	254 E. PARK AVE	STREET ADDRESS	1727 Lake Clay Drive
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	Lake, Placid, FL 33852
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLIER, TERRY	NAME	Johnson, Marvin
STREET ADDRESS	254 E. PARK AVE	STREET ADDRESS	1717 Crescent Valley Ranch Road
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	Davenport, FL 33837
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Harry W. Whipple* **Harry W. Whipple**      1/31/05      863-633-9294  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #