

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003745

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: BETHEL BAPTIST CHURCH OF LAKE PLACID, INC.

**Current Principal Place of Business:**

216 EAST PARK STREET  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

216 EAST PARK STREET  
LAKE PLACID, FL 33852

**New Mailing Address:**

FEI Number: 03-0443626      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNICKERBOCKER, LUKE T  
6 HERSHEY LANE  
LAKE PLACID, FL 33852      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD      ( ) Delete  
Name: RILEY, DONALD  
Address: 814 WESTERN BLVD  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: PD      ( ) Delete  
Name: KNICKERBOCKER, LUKE T  
Address: 6 HERSHEY LANE  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: TD      ( ) Delete  
Name: DYE, THOMAS  
Address: 7001 OLD PLANTATION ROAD  
City-St-Zip: SEBRING, FL 33876 US

Title: TD      ( ) Delete  
Name: RAMOS, ABEL  
Address: 4608 STARFISH AVE  
City-St-Zip: SEBRING, FL 33870 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S      (X) Change ( ) Addition  
Name: KNICKERBOCKER, JAMIE J  
Address: 6 HERSHEY LANE  
City-St-Zip: LAKE PLACID, FL 33852

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      ( ) Change (X) Addition  
Name: MILLER, BARBARA  
Address: 107 FERN CT.  
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE J. KNICKERBOCKER

S

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date