FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32756 (1)

1. Corporation Name

THE FIRST PRESBYTERIAN CHURCH OF LAKE PLACID, FL
ORIDA ASSOCIATE REFORMED SYNOD, INC.

Principal Place of Business	Mailing Address
117 NORTH OAK STREET P O BOX 326 LAKE PLACID FL 33852	117 NORTH OAK STREET P O BOX 326 LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1989	3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2956007	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HARRIS, BERT J., III
212 INTERLAKE BOULEVARD
LAKE PLACID FL 33852

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	RHOADES, THELMA	1.2 NAME	
STREET ADDRESS	72 TWIN LAKES RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GALE, WALTER	2.2 NAME	
STREET ADDRESS	1534 WINTER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	KUNZ, CLARENCE E.	3.2 NAME	Ted Makovsky
STREET ADDRESS	22 RICKERT DR.	3.3 STREET ADDRESS	121 Temptation Land
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP	Lake Placid,FL 33852
TITLE	VD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	BOND, GINNY	4.2 NAME	Ginny Bond
STREET ADDRESS	120 MAR-BET DRIVE	4.3 STREET ADDRESS	195 Old SR 8
CITY-ST-ZIP	LAKE PLACID FL	4.4 CITY-ST-ZIP	Venus, FL 33960
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PARRISH, R G	5.2 NAME	
STREET ADDRESS	3049 LAKE JUNE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	☐ Change ☐ Addition
NAME	CHASE, JAY	6.2 NAME	
STREET ADDRESS	209 BELLEVIEW PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ted Makovsky 4-20-95 813-465-4247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00100M

N32150

THE FIRST PRESBYTERIAN CHURCH
OF
LAKE PLACID, FLORIDA

Annual Report (cont.)

Block 13

TITLE	D
Name	Veley, Hugh
Street Address	P.O. Box 1005 N/A
City	Lake Placid, FL 33862

TITLE	D
Name	Dickson, E. P.
Street Address	54 Pine-Aire Circle
City	Lake Placid, FL 33852

TITLE	D
Name	Buck, Benny
Street Address	P.O. Box 2492 N/A
City	Lake Placid, FL 33862

Please Note: Mr. Makovsky was a Director in 1994 and listed on Addendum sheet. He was elected Treasurer for 1995.