

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33852-6327



2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/12/1989

3a. Date of Last Report

03/07/1996

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME RHOADES, THELMA
STREET ADDRESS 72 TWIN LAKES RD
CITY-ST-ZIP LAKE PLACID FL

1.1 TITLE TD
1.2 NAME Hugh Velej
1.3 STREET ADDRESS Mirror Lake Drive
1.4 CITY-ST-ZIP Lake Placid, FL 33852
☐ Change ☒ Addition

TITLE D
NAME TURNER, WILLIAM
STREET ADDRESS 126 DEANNA DRIVE
CITY-ST-ZIP LAKE PLACID FL

2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE TD
NAME MAKOVSKY, TED
STREET ADDRESS 121 TEMPTATION LAND
CITY-ST-ZIP LAKE PLACID FL

3.1 TITLE D
3.2 NAME Carroll Van De Boe
3.3 STREET ADDRESS 110 Eleanor Court
3.4 CITY-ST-ZIP Lake Placid, FL 33852
☐ Change ☒ Addition

TITLE VD
NAME BOND, GINNY
STREET ADDRESS 195 OLD SR 8
CITY-ST-ZIP VENUS FL

4.1 TITLE D
4.2 NAME David Robinson, Jr.
4.3 STREET ADDRESS 1001 SR #17 N)
4.4 CITY-ST-ZIP Lake Placid, FL 33852
☐ Change ☒ Addition

TITLE D
NAME PARRISH, R G
STREET ADDRESS 3049 LAKE JUNE BLVD
CITY-ST-ZIP LAKE PLACID FL

5.1 TITLE D
5.2 NAME Murray Johnson
5.3 STREET ADDRESS 103 Lake June Road NE
5.4 CITY-ST-ZIP Lake Placid, FL 33852
☐ Change ☒ Addition

TITLE PD
NAME CHASE, JAY
STREET ADDRESS 209 BELLEVIEW PLACE
CITY-ST-ZIP LAKE PLACID FL

6.1 TITLE D
6.2 NAME Benny Buck
6.3 STREET ADDRESS 1736 Second Street
6.4 CITY-ST-ZIP Lake Placid, FL 33852
☐ Change ☒ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200497

Date

Daytime Phone # 0053834

CR2E037 (9/96)