


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90026 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N32756

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

06/12/1989

4. FEI Number

59-2956007

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
325 Central Avenue

83

84 City

FL

85

Zip Code

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 <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHOADES, THELMA	1.2 NAME	Robinson, David
STREET ADDRESS	72 TWIN LAKES RD	1.3 STREET ADDRESS	1001 SR#17N
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, WILLIAM	2.2 NAME	Murray Johnson
STREET ADDRESS	126 DEANNA DRIVE	2.3 STREET ADDRESS	103 Lake June Road NE
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Hugh Veley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN DE BOE, CARROLL	3.2 NAME	Mirror Lake Drive
STREET ADDRESS	110 ELEANOR COURT	3.3 STREET ADDRESS	Lake Placid, FL 33852
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOND, GINNY	4.2 NAME	Jeri McDonald
STREET ADDRESS	195 OLD SR 8	4.3 STREET ADDRESS	Lake June Road
CITY-ST-ZIP	VENUS FL	4.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARRISH, R G	5.2 NAME	James Clinard
STREET ADDRESS	3049 LAKE JUNE BLVD	5.3 STREET ADDRESS	106 Mar-Bet Drive
CITY-ST-ZIP	LAKE PLACID FL	5.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCK, BENNY	6.2 NAME	Fred Tucker
STREET ADDRESS	1736 SECOND STREET	6.3 STREET ADDRESS	6 Pine Aire Circle
CITY-ST-ZIP	LAKE PLACID FL	6.4 CITY-ST-ZIP	Lake Placid, FL 33852

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99 941-465-3688
Date Daytime Phone #