


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90007 047 \*\*\*\*61.25

<b>DOCUMENT # N32756</b> 1. Entity Name <b>THE FIRST PRESBYTERIAN CHURCH OF LAKE PLACID, FLORIDA ASSOCIATE REFORMED SYNOD, INC.</b>					
Principal Place of Business <b>117 NORTH OAK STREET P O BOX 326 LAKE PLACID, FL 33852</b>			Mailing Address <b>117 NORTH OAK STREET P O BOX 326 LAKE PLACID, FL 33852</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2956007</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HARRIS, BERT J., III 401 DAL HALL BOULEVARD LAKE PLACID, FL 33852</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>Make check payable to Florida Department of State</b>			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT RUCKER, RICHARD 25 TIOGA LN LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Tompkins, James 255 E. Park Lake Placid, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCT ELLIOTT, PAUL 119 SIRENA WAY LAKE PLACID, FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Schenck, Lois 101 Lakefront Court NE Lake Placid, FL 33852	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BREIG, DOLLY 102 COUNTRY CLUB DR LAKE PLACID, FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T White, Robert 24 Lake June Road Lake Placid, FL 33852	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROBINSON, DAVID 1001 SR 17 NORTH LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Buck, Benny 1736 Second Street Lake Placid, FL 33852	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORRIS, EDNA 28 LAKE JUNE RD LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Hartzell, Frank 40 Meadowlake Circle North Lake Placid, FL 33852	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BREIG, DOLLY 102 COUNTRY CLUB DRIVE LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete <i>duplicate</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Tom Salzgeber 243 Catfish Creek Road Lake Placid, FL 33852	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Paul E. Elliott</i>			Date <b>5-10-04</b> Daytime Phone # <b>863-465-2742</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

(see attachment)

Attachment  
24675740

11: Additions/Changes to Officers and Directors in 10

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Clinard, James

106 Mar-Bet Drive

Lake Placid, FL 33852