2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 8:00 am Secretary of State

02-18-2008 90013 023 ****61.25

DOCUMENT # N32756 1. Entity Name THE FIRST PRESBYTERIAN CHURCH OF LAKE PLACID, FLORIDA ASSOCIATE REFORMED SYNOD, INC.					• 0.0	02-18-2008 > C	3 90013 023	3 ****61.	25	
Principal Place of Business 117 NORTH OAK STREET P O BOX 326 LAKE PLACID, FL 33852		Mailing Address 117 NORTH OAK STREET P O BOX 326 LAKE PLACID, FL 33852				40056824				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite. Apt. #, etc.			02062008	Chg-NP	CR2E03	37 (12/06)		
City & State		City & State			4. FEI Number 59-2956			No	oplied For of Applicable	
Zip	Country	Zip -	Country	y 	5. Certificate	of Status Desire		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
HARRIS, BERT J., III				Name Street Address (P.O. Box Number is Not Acceptable)						
401 DAL HALL BOULEVARD LAKE PLACID, FL 33852			-							
	•		C	City			FL	Zip Cod	0	
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								and accept		
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when remetating) OATE										
SIGNATURE		t and title if applicable. (NOTE,	Registered Age	ent signature required	when remetating)	Ţ'n.	DATE			
SIGNATURE		et and lide of applicable. (NOTE. 9. Election Camp Trust Fund Co	paign Finar	ncing _	\$5.00 May 84 Added to Fees	2:	Make check Torlda Depart			
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Finar ontribution.	ncing	\$5.00 May 84	2:	Make check lorida Depari	RECTORS IN	tate	
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10.	Filing Fee is \$81.25 Due by May 1, 2008 OFFICERS AND DI TOMPKINS, JAMES E	9. Election Camp Trust Fund Co	paign Finar ontribution.	ncing T	\$5.00 May 84 Added to Fees ADDITIONS/CHA	F NGES TO OFFI	Make check lorida Depart CERS AND DIF	RECTORS IN	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

Jeann Jeannie Snively

(863) 465-7736