2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32756



May 05, 2003 8:00 am Secretary of State 05-05-2003 90103 022 ****61.25

FILED

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

| Principal Plac | ce of Business | Mailing Address | | | | | | |
|---|---|--------------------------------------|--|--|--|--------------------------------------|---|--|
| 117 NORTH OAK STREET | | 117 NORTH OAK STREET | | | | | | |
| P O BOX 326 | | P O BOX 326 | | | | | | |
| LAKE PLACID FL 33852 | | LAKE PLACID FL 33852 | | | | | | |
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| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
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| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | |
| 55.10, Apr. # ₁ 510. | | Suite, Apr. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
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| City & State | | City & State | | 4. FEI Number 59-2956007 Applied For | | | | |
| 7lm | | | | | | | ot Applicable | |
| Zip Country | | Zip | Zip Country | | 5. Certificate of Status Desired S8.75 Additional | | | |
| | | | | | Fee Required | | | |
| | 6. Name and Address of Curren | t Registered Agent | | 7. Name and Add | ress of New Registere | d Agent | | |
| | | | Name | | - | | | |
| HARRIS, BERT J., III | | | Street Ado | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 401 DAL HALL BOULEVARD | | | 0.13317.33 | Sassifications (1.0. Box Halling) is not Accoptable) | | | | |
| | ACID FL 33852 | | | | | _ | | |
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| 9 The shows | e named entity submits this statement | for the purpose of the disease | registered office or re | anistarad agent or both in | | | and against | |
| | tions of registered agent. | tor the purpose of changing its | s registered office of re | egistered agent, or both, in | ine state of Florida. Ta | in laitillai with | ано ассері | |
| ino opiigai | ions of regional or agent. | 11/ | _ | | | | | |
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| SIGNATURE | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable | | | | | | | | |
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| | ÷ FILE NOW+ FEE IS \$61.25 | 9. Election Car | mpaign Financing | \$5.00 May Be | Make Ch | eck Payable | to | |
| | FILE NOW: FEE IS \$61.25 | | mpaign Financing Contribution. | \$5.00 May Be Added to Fees | | eck Payable artment of S | | |
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| | FILE NOW: FEE IS \$61.25 | Trust Fund (| · · · - | Added to Fees | | artment of | State | |
| | FILE NOW: FEE IS \$61.25 | Trust Fund (| Contribution. | Added to Fees ADDITIONS/CHANGI | Florida Dep | artment of | State | |
| 10. | OFFICERS AND D | Trust Fund (| Contribution. | Added to Fees ADDITIONS/CHANGI CT | Florida Dep | DIRECTORS IN | State | |
| 10. | OFFICERS AND D BURY, JOHN | Trust Fund (| 11. | Added to Fees ADDITIONS/CHANGE CT RUCKER, RICE | Florida Dep | DIRECTORS IN | State | |
| 10. TITLE NAME | OFFICERS AND D BURY, JOHN 1230 CR 17 NORTH | Trust Fund (| 11. TITLE NAME | Added to Fees ADDITIONS/CHANGE CT RUCKER, RICE 25 TIOGA LAI | Florida Dep | DIRECTORS IN | State | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND D D BURY, JOHN 1230 CR 17 NORTH LAKE PLACID FL 33852 | Trust Fund (IRECTORS ☑ Delete | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Added to Fees ADDITIONS/CHANGE CT RUCKER, RICE 25 TIOGA LAI LAKE PLACID | Florida Dep | DIRECTORS IN | State V 10 Addition | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AND D D BURY, JOHN 1230 CR 17 NORTH LAKE PLACID FL 33852 D | Trust Fund (| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Added to Fees ADDITIONS/CHANGE CT RUCKER, RICE 25 TIOGA LAI LAKE PLACID VCT | Florida Dep | DIRECTORS IN | State | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS AND D D BURY, JOHN 1230 CR 17 NORTH LAKE PLACID FL 33852 D ENGLE, JAMES D | Trust Fund (IRECTORS ☑ Delete | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Added to Fees ADDITIONS/CHANGE CT RUCKER, RICE 25 TIOGA LAI LAKE PLACID | Florida Dep | DIRECTORS IN | State V 10 Addition | |
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

BREIG, DOLLY

102 COUNTRY CLUB DRIVE

LAKE PLACID FL 33852

<u>5-2-03</u>

LAKE PLACID FL 33852

863.699.1300

ATTACHMONT 70054879 N32756

Page 2

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME TOMPKINS, JAMES E.

STREET ADDRESS 225 EAST PARK

CITY-ST-ZIP LAKE PLACID FL 33852

TITLE

NAME CLINARD, JAMES C. STREET ADDRESS 106 MAR-BET DRIVE

CITY-ST-ZIP LAKE PLACID FL 33852

TITLE

NAME SCHENCK, LOIS

STREET ADDRESS 101 LAKEFRONT COURT

CITY-ST-ZIP LAKE PLACID FL 33852

TITLE

NAME WHITE, BOB

STREET ADDRESS · 24 LAKE JUNE ROAD

CITY-ST-ZIP LAKE PLACID FL 33852