

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90103 022 ****61.25

DOCUMENT # N32756

1. Entity Name

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



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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2956007**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HARRIS, BERT J., III
401 DAL HALL BOULEVARD
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

BERT J. HARRIS, III

(NOTE: Registered Agent signature required when reinstating)

5-2-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BURY, JOHN**
STREET ADDRESS **1230 CR 17 NORTH**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☒ Delete
NAME **ENGLE, JAMES D**
STREET ADDRESS **100 MURRAY COURT NW**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **SD** ☒ Delete
NAME **TURNER, LANA**
STREET ADDRESS **126 DEANNA DRIVE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☒ Delete
NAME **TURNER, WILLIAM**
STREET ADDRESS **126 DEANNA DRIVE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☒ Delete
NAME **MORRIS, EDNA**
STREET ADDRESS **P O BOX 1709**
CITY-ST-ZIP **LAKE PLACID FL 33862**

TITLE **D** ☒ Delete
NAME **BREIG, DOLLY**
STREET ADDRESS **102 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CT** ☒ Change ☐ Addition
NAME **RUCKER, RICHARD**
STREET ADDRESS **25 TIOGA LANE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **VCT** ☒ Change ☐ Addition
NAME **ELLIOTT, PAUL**
STREET ADDRESS **119 SIRENA WAY**
CITY-ST-ZIP **LAKE-PLACID FL 33852**

TITLE **ST** ☒ Change ☐ Addition
NAME **BREIG, DOLLY**
STREET ADDRESS **102 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **T** ☒ Change ☐ Addition
NAME **ROBINSON, DAVID**
STREET ADDRESS **1001 SR 17 North**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **T** ☒ Change ☐ Addition
NAME **MORRIS, EDNA**
STREET ADDRESS **28 LAKE JUNE ROAD**
CITY-ST-ZIP **LAKE PLACID FL 33852**

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.

SIGNATURE:

SIGNATURE REQUIRED

5-2-03

863.699.1300

CR2E037 (10/02)

Attachment
70054879
N32150

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T
NAME	TOMPKINS, JAMES E.
STREET ADDRESS	225 EAST PARK
CITY-ST-ZIP	LAKE PLACID FL 33852

TITLE	T
NAME	CLINARD, JAMES C.
STREET ADDRESS	106 MAR-BET DRIVE
CITY-ST-ZIP	LAKE PLACID FL 33852

TITLE	T
NAME	SCHENCK, LOIS
STREET ADDRESS	101 LAKEFRONT COURT
CITY-ST-ZIP	LAKE PLACID FL 33852

TITLE	T
NAME	WHITE, BOB
STREET ADDRESS	24 LAKE JUNE ROAD
CITY-ST-ZIP	LAKE PLACID FL 33852