

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32756

Entity Name: THE FIRST PRESBYTERIAN CHURCH OF LAKE PLACID,
FLORIDA ASSOCIATE REFORMED SYNOD, INC.**FILED**
Feb 13, 2013
Secretary of State
CC3757278646**Current Principal Place of Business:**117 NORTH OAK AVE
LAKE PLACID, FL 33852**Current Mailing Address:**118 NORTH OAK AVE
LAKE PLACID, FL 33852**FEI Number: 59-2956007****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HARRIS, BERT J., III
401 DAL HALL BOULEVARD
LAKE PLACID, FL 33852 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TRUSTEE
Name	KARLSON, PAMELA
Address	117 NORTH OAK AVE
City-State-Zip:	LAKE PLACID FL 33852

Title	TRUSTEE
Name	TOMPKINS, JAMES
Address	117 NORTH OAK AVE
City-State-Zip:	LAKE PLACID FL 33852

Title	TRUSTEE
Name	DON, BATES
Address	117 NORTH OAK AVE
City-State-Zip:	LAKE PLACID FL 33852

Title	TRUSTEE
Name	MORRIS, HAL
Address	117 NORTH OAK AVE
City-State-Zip:	LAKE PLACID FL 33852

Title	TRUSTEE
Name	CASH, MORRIS
Address	117 NORTH OAK AVE
City-State-Zip:	LAKE PLACID FL 33852

Title	TREASURER
Name	PAELOW, LIBBY
Address	117 NORTH OAK AVE
City-State-Zip:	LAKE PLACID FL 33852

Title	TRUSTEE
Name	LOHRER, CHARLOTTE
Address	117 NORTH OAK AVE
City-State-Zip:	LAKE PLACID FL 33852

Title	TRUSTEE
Name	BATES, DONALD
Address	117 NORTH OAK AVE
City-State-Zip:	LAKE PLACID FL 33852

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LIBBY PAELOW**TREASURER****02/13/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title TRUSTEE
Name BLACKWELL, GINNY
Address 117 NORTH OAK AVE
City-State-Zip: LAKE PLACID FL 33852

Title TRUSTEE
Name TRUITT, ZOLA
Address 117 NORTH OAK AVE
City-State-Zip: LAKE PLACID FL 33852