2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32756

Entity Name: THE FIRST PRESBYTERIAN CHURCH OF LAKE PLACID, FLORIDA ASSOCIATE REFORMED SYNOD, INC.

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

Name and Address of Current Registered Agent:

HARRIS, BERT J., III 401 DAL HALL BOULEVARD LAKE PLACID, FL 33852 US FILED Apr 10, 2019 Secretary of State 3485202923CC

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	TRUSTEE	Title	TRUSTEE	
Name	NOEL, MICHAEL	Name	CHILDRESS, LINDA	
Address	74 LAKE JUNE ROAD	Address	1239 KATCALANI	
City-State-Zip:	LAKE PLACID FL 33852	City-State-Zip:	SEBRING FL 33870	
Title	TRUSTEE	Title	TRUSTEE	
Name	LOHRER, CHARLOTTE	Name	MARK, FORTIER	
Address	538 DERRINGER AVENUE	Address	18 SUNSET LANE	
City-State-Zip:	LAKE PLACID FL 33852	City-State-Zip:	LAKE PLACID FL 33852	
Title	TRUSTEE	Title	TREASURER	
Title Name	TRUSTEE KARLSON, PAM	Title Name	TREASURER BREWER, PEGGY A	
Name Address	KARLSON, PAM	Name	BREWER, PEGGY A	
Name Address	KARLSON, PAM PO BOX 1591	Name Address	BREWER, PEGGY A 117 NORTH OAK AVE	
Name Address City-State-Zip:	KARLSON, PAM PO BOX 1591 LAKE PLACID FL 33862	Name Address City-State-Zip:	BREWER, PEGGY A 117 NORTH OAK AVE LAKE PLACID FL 33852	
Name Address City-State-Zip: Title	KARLSON, PAM PO BOX 1591 LAKE PLACID FL 33862 TRUSTEE	Name Address City-State-Zip: Title	BREWER, PEGGY A 117 NORTH OAK AVE LAKE PLACID FL 33852 TRUSTEE	
Name Address City-State-Zip: Title Name Address	KARLSON, PAM PO BOX 1591 LAKE PLACID FL 33862 TRUSTEE SNIVELY, JIM	Name Address City-State-Zip: Title Name	BREWER, PEGGY A 117 NORTH OAK AVE LAKE PLACID FL 33852 TRUSTEE JIM, CLINARD	

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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: RAYMOND CAMERON

SENIOR PASTOR

04/10/2019

Date

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TRUSTEE	Title	TRUSTEE
Name	FRANK, HARTZELL	Name	SUE, TAYLOR
Address	19 MEADOWLAKE CR	Address	227 CESSNA WAY
City-State-Zip:	LAKE PLACID FL 33852	City-State-Zip:	LAKE PLACID FL 33852

TitleSENIOR PASTORNameCAMERON, RAYMOND JR.

Address 118 NORTH OAK AVE

City-State-Zip: LAKE PLACID FL 33852