

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32756

Entity Name: THE FIRST PRESBYTERIAN CHURCH OF LAKE PLACID,
FLORIDA ASSOCIATE REFORMED SYNOD, INC.**FILED**
Apr 12, 2017
Secretary of State
CC3511165502**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	NOEL, MICHAEL
Address	74 LAKE JUNE ROAD
City-State-Zip:	LAKE PLACID FL 33852
Title	TRUSTEE
Name	LOHRER, CHARLOTTE
Address	538 DERRINGER AVENUE
City-State-Zip:	LAKE PLACID FL 33852
Title	TRUSTEE
Name	FORTIER, JEANNE
Address	117 N OAK AVE
City-State-Zip:	LAKE PLACID FL 33852
Title	TRUSTEE
Name	BOGAERT, JOY
Address	117 NORTH OAK AVE
City-State-Zip:	LAKE PLACID FL 33852

Title	TRUSTEE
Name	CHILDRRESS, LINDA
Address	1239 KATCALANI
City-State-Zip:	SEBRING FL 33870
Title	TRUSTEE
Name	SCHILD, RICHARD
Address	117 N OAK AVE
City-State-Zip:	LAKE PLACID FL 33852
Title	TREASURER
Name	BREWER, PEGGY A
Address	117 NORTH OAK AVE
City-State-Zip:	LAKE PLACID FL 33852
Title	TRUSTEE
Name	KARLSON, RICHARD
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: DAVID WHEELER**TRUSTEE****04/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title TRUSTEE
Name WHEELER, DAVID
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