2021 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 16, 2021 Secretary of State 3736709639CC

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 :

Officer/Director Detail :					
Title	TRUSTEE	Title	TRUSTEE		
Name	DYER, JUDY	Name	KLATT, SAMUEL		
Address	3 PINEWOOD COURT	Address	1424 DUANE PALMER BLVD.		
City-State-Zip:	LAKE PLACID FL 33852	City-State-Zip:	SEBRING FL 33870		
Title	TRUSTEE	Title	TRUSTEE		
Name	BATES, SHERI	Name	MARK, FORTIER		
Address	3 MEADOWLAKE CIRCLE S	Address	18 SUNSET LANE		
City-State-Zip:	LAKE PLACID FL 33852	City-State-Zip:	LAKE PLACID FL 33852		
Title	TRUSTEE	Title	TREASURER		
THE	IRUSIEE				
Name	KARLSON, PAM	Name	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 DANNY, GREEN 175 ALDERMAN AVENUE		

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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 W. CAMERON

SENIOR PASTOR

04/16/2021

Date

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TRUSTEE	Title	TRUSTEE
Name	DAVID, MAINS	Name	ALLEN, RIDGDILL
Address	238 LEMON ROAD NW	Address	177 PLACID DRIVE
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