

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716892 (5)

1. Corporation Name

COMMUNITY CHURCH OF GOD OF LAKE PLACID, INC.



Principal Place of Business

Mailing Address

**254 EAST PARK AVE.
LAKE PLACID FL 33852**

**232 E. PARK AVE
LAKE PLACID FL 33852
US**

3. Date Incorporated or Qualified
07/18/1969

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3055708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WISEMAN, DARRELL
192 11TH ST.
LAKE PLACID FL 33852**

81

Name

NOLA R. FRICK

82

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

112 HONEYSUCKLE LANE

83

84

City

LAKE PLACID

FL

85

Zip Code

33852

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Nola R. Frick

1/24/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WISEMAN, DARRELL	
STREET ADDRESS	192 11TH ST.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANNON, CLARICE	
STREET ADDRESS	312 WASHINGTON AVE.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HADLEY, CARL	
STREET ADDRESS	1667 S WASHINGTON BLVD, NW	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FRICK, NOLA R.	
STREET ADDRESS	112 HONEYSUCKLE LN.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ERNEST PENROD	
13 STREET ADDRESS	117 LOQUAT RD., N.E.	
14 CITY-ST-ZIP	LAKE PLACID, FL 33852	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nola R. Frick
NOLA R. FRICK

1/24/96

Date

(941)

465-3715

Daytime Phone #

CR2E037 (12/95)