


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716892** (5)
1. Corporation Name
COMMUNITY CHURCH OF GOD OF LAKE PLACID, INC.



Principal Place of Business 254 EAST PARK AVE. LAKE PLACID FL 33852	Mailing Address 232 E. PARK AVE LAKE PLACID FL 33852-6363 US
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3. Date Incorporated or Qualified 07/18/1969	3a. Date of Last Report 01/31/1996
4. FEI Number 59-3055708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**FRICK, NOLA R.
112 HONEYSUCKLE LANE
LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

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	D <input type="checkbox"/> DELETE
NAME	PENROD, ERNEST
STREET ADDRESS	117 LOQUAT RD. NE
CITY-ST-ZIP	LAKE PLACID FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Nola R. Frick* **NOLA R. FRICK** 1/10/97 941-465-3715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SEC/TREAS
Date Daytime Phone # 0053631

CR2E037 (9/96)