


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 29 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 254 EAST PARK AVE. LAKE PLACID FL 33852 | Mailing Address 232 E. PARK AVE LAKE PLACID FL 33852 US |
|---|--|

3. Date Incorporated or Qualified

07/18/1969

4. FEI Number

59-3055708

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Zip Country

27 Zip Country

28 Zip Country

29 Zip Country

30 Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 Debra Valentine |
| 82 Street Address (P.O. Box Number is Not Acceptable) 4346 Sundown Ave |
| 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 617.0503, Florida Statutes.

SIGNATURE Debra Valentine Debra Valentine

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/20/98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------|--|
| TITLE | D | <input checked="" 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 checked="" type="checkbox"/> DELETE |
| NAME | HADLEY, CARL | |
| STREET ADDRESS | 1087 S WASHINGTON BLVD, NW | |
| CITY-ST-ZIP | LAKE PLACID FL | |

| | | |
|----------------|---------------------|--|
| TITLE | ST | <input checked="" type="checkbox"/> DELETE |
| NAME | FRICK, NOLA R. | |
| STREET ADDRESS | 112 HONEYSUCKLE LN. | |
| CITY-ST-ZIP | LAKE PLACID FL | |

| | | |
|----------------|-------------------|--|
| TITLE | D | <input checked="" 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 | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Spies, Andrew | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | LAKE PLACID FL 33852 | |

| | | |
|--------------------|--|---|
| 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 | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Long, Kenneth | |
| 3.3 STREET ADDRESS | 5 Pine Aire Cir | |
| 3.4 CITY-ST-ZIP | LAKE PLACID FL 33852 | |

| | | |
|--------------------|----------------------|--|
| 4.1 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Valentine, Debra | |
| 4.3 STREET ADDRESS | 4346 Sundown Ave | |
| 4.4 CITY-ST-ZIP | LAKE PLACID FL 33852 | |

| | | |
|--------------------|------------------|--|
| 5.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Johnson, Carolyn | |
| 5.3 STREET ADDRESS | 408 Denise Ave | |
| 5.4 CITY-ST-ZIP | Sebring FL 33870 | |

| | | |
|--------------------|--|---|
| 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 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: Debra Valentine Debra Valentine Treasurer 7/20/98 (94) A05-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)