

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716892

1. Entity Name

COMMUNITY CHURCH OF GOD OF LAKE PLACID, INC.

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90053 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

735 SUN N LAKE BLVD  
LAKE PLACID FL 33852

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

2. Principal Place of Business

3. Mailing Address

735 Sun n Lake Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Lake Placid, Fl

4. FEI Number

59-3055708

Applied For

Not Applicable

Zip

Country

Zip

33852

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADLEY, ROXANNA  
4 MEADOWLAKE DR  
LAKE PLACID FL 33852

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CDT ☐ Delete  
NAME WELEN, NORMAN  
STREET ADDRESS 11 RICHARDS DR  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE CDT ☒ Change ☐ Addition  
NAME Alex Sweat  
STREET ADDRESS 5 Silk Oak St.  
CITY-ST-ZIP Lake Placid, Fl 33852

TITLE P ☐ Delete  
NAME DEMART, JOSEPH A  
STREET ADDRESS 1590 SECOND ST  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME HADLEY, ROXANNA  
STREET ADDRESS 4 MEADOWLAKE DR  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE T ☒ Change ☐ Addition  
NAME Roxanna Hadley  
STREET ADDRESS 4 Meadowlake Dr.  
CITY-ST-ZIP Lake Placid, Fl 33852

TITLE T ☒ Delete  
NAME VALENTINE, DEBRA  
STREET ADDRESS 436 SUNDOWN AVENUE  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE D ☒ Change ☒ Addition  
NAME Andy Spires  
STREET ADDRESS PO Box 1432  
CITY-ST-ZIP Lake Placid, Fl 33852

TITLE S ☒ Delete  
NAME KAUFMAN, CAROLYN  
STREET ADDRESS 56 PINE AIRE CIRCLE  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE S ☒ Change ☐ Addition  
NAME Imogene Mckinney  
STREET ADDRESS 1532 Sycamore Ave.  
CITY-ST-ZIP Lake Placid, Fl 33852

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roxanna Hadley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01 863-699-2859  
Date Daytime Phone #

CR2E037 (10/00)