

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90110 046 ****61.25

DOCUMENT # 716892

1. Entity Name

COMMUNITY CHURCH OF GOD OF LAKE PLACID, INC.



Principal Place of Business

735 SUN N LAKE BLVD
LAKE PLACID FL 33852

Mailing Address

735 SUN N LAKE BLVD
LAKE PLACID FL 33852
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3055708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HADLEY, ROXANNA
4 MEADOWLAKE DR
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name

Kaufman, Carolyn

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

56 Pine Aire Circle

Lake Placid,

City

FL

Zip Code
33852

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carolyn L. Kaufman

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

(NOTE: Registered Agent signature required when reinstating)

3/14/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SAPP, LARRY**
STREET ADDRESS **108 LOQUAT NW**
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 **T** ☐ Delete
NAME **HADLEY, ROXANNA**
STREET ADDRESS **4 MEADOWLAKE DR**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **CD** ☐ Delete
NAME **SPIRES, ANDY**
STREET ADDRESS **PO BOX 1432**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **S** ☐ Delete
NAME **MCKINNEY, IMOGENE**
STREET ADDRESS **1532 SYCAMORE AVE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Valentine, Brett**
STREET ADDRESS **20 Victory Way**
CITY-ST-ZIP **Lake Placid, FL 33862**

TITLE **P** ☒ Change ☐ Addition
NAME **DeHart, Joseph**
STREET ADDRESS **1590 Buck St.**
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **T** ☒ Change ☐ Addition
NAME **Kaufman, Carolyn**
STREET ADDRESS **56 Pine Aire Cir**
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **CD** ☒ Change ☐ Addition
NAME **Sapp, Larry**
STREET ADDRESS **108 Loquat N.W.**
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **S** ☒ Change ☐ Addition
NAME **Long, Joan**
STREET ADDRESS **5 Pine Aire Cir**
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE ☐ 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: Carolyn L. Kaufman

Carolyn L. Kaufman

3/14/05

863-465-1874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #