

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

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

KAUFMAN, CAROLYN
56 PINE AIRE CIRCLE
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 CD ☐ 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 D ☐ Delete
NAME VALENTINE, BRETT
STREET ADDRESS 20 VICTORY WAY
CITY-ST-ZIP LAKE PLACID FL 33862

TITLE T ☐ Delete
NAME KAUFMAN, CAROLYN
STREET ADDRESS 56 PINE AIRE CIR
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE S ☒ Delete
NAME LONG, JOAN
STREET ADDRESS 5 PINE AIRE CIR
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE C ☒ Change ☐ Addition
NAME Valentine, Brett
STREET ADDRESS
CITY-ST-ZIP

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

TITLE S ☒ Change ☐ Addition
NAME Kaufman, Carolyn
STREET ADDRESS 56 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 exemptions contained in Section 119, 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 Kaufman 3/14/06 863-465-1874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #