

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90019 017 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

KAUFMAN, CAROLYN  
56 PINE AIRE CIRCLE  
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. 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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
CD  
SAPP, LARRY  
108 LOQUAT NW  
LAKE PLACID FL 33852 ☐ Delete

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Joseph A. DeHart  
Corrected Spelling ☐ Change ☐ Addition

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

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

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

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

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 L. Kaufman 3/21/07 863-465-1874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #