

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716892

FILED
Mar 20, 2009
Secretary of State

Entity Name: COMMUNITY CHURCH OF GOD OF LAKE PLACID, INC.

Current Principal Place of Business:

735 SUN N LAKE BLVD
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

735 SUN N LAKE BLVD
LAKE PLACID, FL 33852 US

New Mailing Address:

735 SUN N LAKE BLVD
LAKE PLACID, FL 33852

FEI Number: 59-3055708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFMAN, CAROLYN
56 PINE AIRE CIRCLE
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SAPP, LARRY
Address: 108 LOQUAT NW
City-St-Zip: LAKE PLACID, FL 33852

Title: P () Delete
Name: DEHART, JOSEPH A
Address: 1590 BUCK ST
City-St-Zip: LAKE PLACID, FL 33852

Title: C () Delete
Name: VALENTINE, BRETT
Address: 20 VICTORY WAY
City-St-Zip: LAKE PLACID, FL 33862

Title: T () Delete
Name: KAUFMAN, CAROLYN
Address: 56 PINE AIRE CIR
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: KAUFMAN, CAROLYN
Address: 56 PINE AIRE CIR
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: SWEAT, ALEX
Address: 5 SILK OAK ST.
City-St-Zip: LAKE PLACID, FL 33852

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: POLLARD, KEVIN
Address: 1605 CHATSWORTH ST.
City-St-Zip: LAKE PLACID, FL 33862

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN L. KAUFMAN

T/S

03/20/2009

Electronic Signature of Signing Officer or Director

Date