

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90383 032 \*\*\*\*70.00

**DOCUMENT # 767940**

1. Entity Name

**SAINT FRANCIS EPISCOPAL CHURCH OF LAKE PLACID, I NC.**

Principal Place of Business

**43 LAKE JUNE ROAD.  
 LAKE PLACID FL 33852-8910**

Mailing Address

**43 LAKE JUNE ROAD.  
 LAKE PLACID FL 33852-8910**

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

**62-1068563**

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

**MYERS, ELIZABETH L REV  
 43 LAKE JUNE ROAD  
 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 **PC** ☐ Delete  
 NAME **MYERS, ELIZABETH L REV**  
 STREET ADDRESS **140 LOQUAT RD, NE. (HOME ADD)**  
 CITY-ST-ZIP **LAKE PLACID FL 33852-9743**

TITLE **T** ☐ Change ☒ Addition  
 NAME **MCGRADY, LOIS A**  
 STREET ADDRESS **MC GRADY, LOIS A.  
 114 KEITH AVE. N.W.**  
 CITY-ST-ZIP **LAKE PLACID, FL. 33852-4291**

TITLE **D** ☐ Delete  
 NAME **BROUWER, LAURIE D**  
 STREET ADDRESS **257 CUMQUAT RD. NE.**  
 CITY-ST-ZIP **LAKE PLACID FL 33852-5952**

TITLE **D** ☐ Change ☒ Addition  
 NAME **BARBARA PLATTE**  
 STREET ADDRESS **4375 WESTMINSTER RD**  
 CITY-ST-ZIP **SEBRING, FL 33875-5249**

TITLE **D** ☒ Delete  
 NAME **CHILDS, DAN B**  
 STREET ADDRESS **28 TALL OAKS TRAIL**  
 CITY-ST-ZIP **LAKE PLACID FL 33852-8113**

TITLE **D** ☐ Change ☒ Addition  
 NAME **EDGAR, JACELON**  
 STREET ADDRESS **225 LAKE JOSEPHINE SHORES RD.**  
 CITY-ST-ZIP **SEBRING, FL. 33875**

TITLE **TDS** ☒ Delete  
 NAME **HALL, REBECCA L (TREASUR**  
 STREET ADDRESS **208 LAKE MIRROR DR**  
 CITY-ST-ZIP **LAKE PLACID FL 33852-5963**

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

TITLE **D** ☐ Delete  
 NAME **SHAHER, LEE ANN**  
 STREET ADDRESS **134 LOQUAT RD, NE**  
 CITY-ST-ZIP **LAKE PLACID FL 33852**

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

TITLE **D** ☐ Delete  
 NAME **FROMHOLZER, JESSIE**  
 STREET ADDRESS **24 HERON'S LANDLING LANE**  
 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:

**Lois A. McGrady**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-8-02**

**863-465-0051**

CP2E037 (9/01)