2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-04-2005 90058 033 ****70.00

DOCUMENT #767940

1. Entity Name
SAINT FRANCIS EPISCOPAL CHURCH OF LAKE PLACID, INC.

Principal Place of Business	Mailing Address
43 LAKE JUNE ROAD. LAKE PLACID, FL 33852-8910	43 LAKE JUNE ROAD. LAKE PLACID, FL 33852-8910

03252005 Chg-NP CR2E037 (10/03)

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

MYERS, ELIZABETH L REV
43 LAKE JUNE ROAD
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: Elizabeth L Myers 4/1/05
Signature and printed name of registered agent and date. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PC ☐ Delete	TITLE D	☐ Change ☒ Addition
NAME	MYERS, ELIZABETH L REV	NAME MIKE DIPRIMA	
STREET ADDRESS	140 LOQUAT RD, NE. (HOME ADD)	STREET ADDRESS 339 3RD AVENUE	
CITY-ST-ZIP	LAKE PLACID, FL 338529743	CITY-ST-ZIP LAKE PLACID, FL 33852	
TITLE	D ☐ Delete	TITLE D	☐ Change ☒ Addition
NAME	BROUWER, DENNIS	NAME ED ANDERSON	
STREET ADDRESS	257 CUMQUAT RD NE	STREET ADDRESS 126 ELEANOR CT	
CITY-ST-ZIP	LAKE PLACID, FL 338525952	CITY-ST-ZIP LAKE PLACID, FL 33852	
TITLE	D ☒ Delete	TITLE D	☐ Change ☒ Addition
NAME	PLATTE, BARBARA	NAME RAY ADELMANN	
STREET ADDRESS	4375 WESTMINSTER RD	STREET ADDRESS 2600 OAK BEACH BLVD	
CITY-ST-ZIP	SEBRING, FL 338755249	CITY-ST-ZIP SEBRING, FL 33875	
TITLE	D ☒ Delete	TITLE D	☐ Change ☒ Addition
NAME	DIETRICH, JANIS	NAME RALPH PICKERING	
STREET ADDRESS	348 LAGONI LANE	STREET ADDRESS 2908 LOST BALL DRIVE	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP SEBRING, FL 33872	
TITLE	D ☐ Delete	TITLE D	☐ Change ☒ Addition
NAME	SHAFER, LEE ANN	NAME TINKA HOWE	
STREET ADDRESS	134 LOQUAT RD, NE	STREET ADDRESS 779 LAKE AUGUST ROAD	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP LAKE PLACID, FL 33852	
TITLE	D ☐ Delete	TITLE D	☐ Change ☐ Addition
NAME	RETTER, DIANE	NAME VACANT	
STREET ADDRESS	13 SNOOK LN	STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 33875	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: Elizabeth L Myers