

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90226 029 ****61.25

DOCUMENT # 767940

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



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

Mailing Address
**43 LAKE JUNE ROAD.
LAKE PLACID, FL 33852-8910**

50016596



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
62-1068563

Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. 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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
MYERS, ELIZABETH L REV
440 LOQUAT RD. NE. (HOME ADDR)
LAKE PLACID, FL 338529743**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**321 BELLE TOWER AVE
LAKE PLACID, FL 33852**

☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROUWER, DENNIS
257 CUMQUAT RD. NE.
LAKE PLACID, FL 338525952**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ADELMANN, RAYMOND
2600 OAK BEACH BLVD
SEBRING, FL 33875**

☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIPRIMA, MIKE
333 3RD AVENUE
LAKE PLACID, FL 33852**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**339 BELLE FIELD AVE
LAKE PLACID, FL 33852**

☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANDERSON, ED
126 ELEANOR COURT
LAKE PLACID, FL 33852**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BOB DIETRICH
148 LAGONI LANE
LAKE PLACID, FL 33852**

☐ Change ☒ Add

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**KATRINKA HOWE
779 LAKE AUGUST DRIVE
LAKE PLACID, FL 33852**

☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RETTTER, DIANE
13 SNOOK LN
SEBRING, FL 33875**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Elizabeth L. Myers