

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767940

FILED
Mar 12, 2009
Secretary of State

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

Current Principal Place of Business:

43 LAKE JUNE ROAD.
LAKE PLACID, FL 338528910

New Principal Place of Business:

Current Mailing Address:

43 LAKE JUNE ROAD.
LAKE PLACID, FL 338528910

New Mailing Address:

FEI Number: 62-1068563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, ELIZABETH L REV
43 LAKE JUNE ROAD
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: PC () Delete
Name: MYERS, ELIZABETH L REV
Address: 321 BELLE TOWER AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: DIPRIMA, MICHAEL
Address: 339 BELLE FIELD AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: DIETRICH, BOB
Address: 148 LAGONI LANE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: SHAFER, ROBERT
Address: 134 LOQUAT RO. NE
City-St-Zip: LAKE PLACID, FL 338529743

Title: D () Delete
Name: RETTER, DIANE
Address: 13 SNOOK LN
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: MILLION, BARBARA
Address: 15A COTTON MOUTH DRIVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: KEIFLING, ROBERT
Address: 119 SPORTSMAN AVE
City-St-Zip: SEBRING, FL 33875

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: ELIZABETH L. MYERS

PC

03/12/2009

Electronic Signature of Signing Officer or Director

Date