

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90160 035 \*\*\*\*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**

**60018366**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1068563**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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

**FILE NOW: FEE IS \$61.25**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Thomasson, Tim**  
STREET ADDRESS **133 Pine Tree Drive**  
CITY-ST-ZIP **Lake Placid, FL 33852**

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 **Brouwer, Dennis**  
STREET ADDRESS **257 Cumquat Road, NE**  
CITY-ST-ZIP **Lake Placid, FL 33852**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Saceman, Jack**  
STREET ADDRESS **246 North Main Street**  
CITY-ST-ZIP **Lake Placid, FL 33852**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Rhodes, Susan**  
STREET ADDRESS **204 Lake June Road**  
CITY-ST-ZIP **Lake Placid, FL 33852**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Anderson, Ed**  
STREET ADDRESS **126 Eleanor Court**  
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **D** ☒ Delete  
NAME **FROMHOLZER, JESSIE**  
STREET ADDRESS **24 HERON'S LANDLING LANE**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☐ Change ☒ Addition  
NAME **Retter, Diane**  
STREET ADDRESS **13 Snook Lane**  
CITY-ST-ZIP **Sebring, FL 33875-9737**

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* **ELIZABETH L. MYERS** 4/11/03 863-465-0051

CR2E037 (10/02)