FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Seretary of State DIVISION OF CORPORATIONS

1996

N00006

(9)

DOCUMENT # FIRST BAPTIST CHURCH OF PLACID LAKES, INC.

APPROVED
ΔND

96 MAY -1 PM 10: 49:

SECRETARY OF STATE



Principal Place o	f Business	Mailing Address									
116 CLEVELAND AVE NE LAKE PLACID FL 33852-9708		116 CLEVELAND AVE NE LAKE PLACID FL 33852-9708									
						3. Date incorporated or Qualified 11/22/1983	3a. Date o 03/	1 Last 1 01/19			
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number			Applied For		
21	o o Dobinios	26				59-2437922			lot Applicable		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	·			5. Certificate of Status Desired	\$		Additional Required		
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees				
23 Zip	Country					8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29	30					Yes No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	_				
				81	Name	7000	018;	16	277		
HARRIS I	BERT J. III			82	Street Ad	turess (P.O. Box Number is Not Acceptable	3 5U1U2	74	սս (
	RLAKE BLVD.					*****61	. 25 💥	***	61.25_		
	CID FL 33852			83					į		
•				84	City		FL	- 1	o Code		
44 Diversion to	the provisions of Sections 617 0502	and 617,1508, Florida Statu	tes, the abo	ove-r	named corp	poration submits this statement for the purple loard of directors. I hereby accept the appo	ose of changi	ng its r	egistered office		
				corp	oration's b	poration subtitle this statement for the purposord of directors. Thereby accept the appo	intment as reg	jistereu	agent. ram		
familiar with	n, and accept the obligations of, Sect	ION 617,0003, FIORIGA STATUTE	15.						1		
SIGNATURE _	Signature, typed or printed name of registered agent	Land tile it applicance (N	OTE Registered	d Ager	it signature red	uired wher reinstating)	DATE				
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI					
TITLE	P	₩ DELETE	1.17	ITLE		PRESIDENT	X :	Change	Addition		
NAME	HILL, JAMES		1.2 N	IAME	Į	MURRAY SHACKELFORD)		İ		
STREET ADDRESS	53 RIMES ROAD		1.3 S	TREET	ADDRESS	844 SPRUCE ST	•		Į		
CITY-ST-ZIP	VENUS FL		140	OTY - S	ST-ZIP	LAKE PLACID, FL 33	3852 💂	Change			
TITLE	VD	DELETE	211	ITLE		VP/D·	X	Change	Addition		
NAME	COOPER, PATRICIA	73	221	IAME	Į	Waldo Aliff			ļ		
STREET ADDRESS	95 HALL ST		235	STREET	ADDRESS	48 Glory Dr					
CITY-ST-ZIP	LAKE PLACID FL		2.4	CITY -	ST-ZIP	Lake Placid, Fl 3	3852		ET Addison		
TITLE	S	DELETE	311	TITLE		Secretary	,	Unange	Addition		
NAME	SHOLDAR, FRAN		321	NAME		Fran Sholdar					
STREET ADDRESS	130 ORANGE ROAD NE		333	STREE	r address	130 Orange Rd, NE					
CITY-ST-ZIP	LAKE PLACIO FL		34	CITY-	ST-ZIP	Lake Placid, R1 33	852 KI	Change	Addition		
TITYE	TD	DELETE	4.1	TITLE			1 I	Change	Mudition		
NAME	MORRIS, JOHN		4. 2	NAME		D '.					
SIREET ADDRESS	15 LIANE ROAD WEST		4.3	STREE	T ADDRESS	John Thomas					
CTTY-ST-ZIP	LAKE PLACID FL		4.4	CITY	ST-ZIP	1545 Sycamore Ave	2052 17	Chanca	Addition		
TITLE	D	□ DELETE	51	TITLE		Lake Placid, Fl 3	3832 U	Change	L Addition		
NAME	VANN, JAMES, E		52	NAME							
STREET ADDRESS	10 STIDHAM RD.		53	STREE	T ADDRESS						
CITY-ST-ZIP	LAKE PLACID FL		54	CITY-	ST-ZIP			(A)	all took		
TITLE		DELETE	6 1	TITLE		D		NIS/	P. Laconson		
NAME			6.2	NAME		Bob DeYoung		17	10%		
STREET ADDRESS			63	STREE	T ADDRESS	240 Cumquat Rd, N	E	10	∕ %		
			6.4	CITY-	ST - ZIP	240 Cumquat Rd, N	9.6.9.		<u>V)</u>		
14 Ldo beret	v certify that the information supplied	d with this filing is voluntarily for	urnished an	d do	es not qua	alify Latit Sken pilon state on Station 3 to	(19748)(k), Florid	da Stat	utes. I further if made under		

I do hereby certify that the information supplied with this hing is voluntarily turnished and does not qualify territories exempleous sciences. Horidas statutes. Flurther certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SHOLDAR

941 - 445-5126 Daylime Prone 1