

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00006 (9)

1. Corporation Name
FIRST BAPTIST CHURCH OF PLACID LAKES, INC.

Principal Place of Business 116 CLEVELAND AVE NE LAKE PLACID FL 33852-9708	Mailing Address 116 CLEVELAND AVE NE LAKE PLACID FL 33852-9708
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**HARRIS, BERT J. III
212 INTERLAKE BLVD.
LAKE PLACID FL 33852**

3. Date Incorporated or Qualified
11/22/1983

4. FEI Number
59-2437922

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name	same
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	SHACKELFORD, MURRAY	1.2 NAME	P Margaret Tope
STREET ADDRESS	844 SPRUCE STREET	1.3 STREET ADDRESS	8 Old Parker Island Rd.
CITY-ST-ZIP	LAKE PLACID FL 33852	1.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	VPO ☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	ALIFF, WALDO	2.2 NAME	V.P. Earl Alvis
STREET ADDRESS	48 GLORY DRIVE	2.3 STREET ADDRESS	116 Lemon Rd. N.E.
CITY-ST-ZIP	LAKE PLACID FL 33852	2.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	S ☐ DELETE	3.1 TITLE	☒ Change ☒ Addition
NAME	SHOLDAR, FRAN	3.2 NAME	Alberta Fawley
STREET ADDRESS	130 ORANGE ROAD NE	3.3 STREET ADDRESS	638 Jefferson Ave
CITY-ST-ZIP	LAKE PLACID FL 33852	3.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, JOHN	4.2 NAME	S Fran Sholdar
STREET ADDRESS	1545 SYCAMORE AVENUE	4.3 STREET ADDRESS	130 Orange Rd. N.E.
CITY-ST-ZIP	LAKE PLACID FL 33852	4.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	DEYOUNG, BOB	5.2 NAME	D George Deen
STREET ADDRESS	240 CUMQUAT ROAD, NE	5.3 STREET ADDRESS	254 Tangerine Rd
CITY-ST-ZIP	LAKE PLACID FL 33852	5.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	D Bob De Young
STREET ADDRESS		6.3 STREET ADDRESS	240 Cumquat N.E.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lake Placid, FL 33852

14. 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 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 _____

CR2E037 (10/97)