

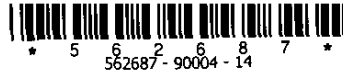
FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90032 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N00006

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

11/22/1983

4. FEI Number

59-2437922

Applied For

Not Applicable

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

6. Election Campaign Financing

Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TOPE, MARGARET	
STREET ADDRESS	8 OLD PARKER ISLAND RD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VP	☐ DELETE
NAME	ALVIS, EARL	
STREET ADDRESS	116 LEMON RD NE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	S	☒ DELETE
NAME	SHOLDAR, FRAN	
STREET ADDRESS	130 ORANGE ROAD NE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	☒ DELETE
NAME	THOMAS, JOHN	
STREET ADDRESS	1545 SYCAMORE AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	☐ DELETE
NAME	DE YOUNG, BOB	
STREET ADDRESS	240 CUMQUAT ROAD, NE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	☐ DELETE
NAME	DEEN, GEORGE	
STREET ADDRESS	254 TANGERINE RD	
CITY-ST-ZIP	LAKE PLACID FL 33852	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	ROY HAMMOCK	
1.3 STREET ADDRESS	117 ORANGE RD N.E.	
1.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Fawley, Alberta	
2.3 STREET ADDRESS	638 Jefferson Ave	
2.4 CITY-ST-ZIP	LAKE PLACID FL 33852	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	☒ Change ☐ Addition
5.2 NAME	DEYOUNG, BOB	
5.3 STREET ADDRESS	240 CUMQUAT RD NE.	
5.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (941) 465-5126
 Date Daytime Phone

CR2E037 (11/98)