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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.

562687 - 90004 - 14

Principal Place of Business	Mailing Address
116 CLEVELAND AVE NE LAKE PLACID FL 33852-9708	116 CLEVELAND AVE NE LAKE PLACID FL 33852-9708

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/22/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2437922 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRIS, BERT J. III 212 INTERLAKE BLVD. LAKE PLACID FL 33852	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	TOPE, MARGARET		1.2 NAME	ROY HAMMOCK	
STREET ADDRESS	8 OLD PARKER ISLAND RD		1.3 STREET ADDRESS	117 ORANGE RD N.E.	
CITY-ST-ZIP	LAKE PLACID FL 33852		1.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	VP	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	ALVIS, EARL		2.2 NAME	Fawley, Alberta	
STREET ADDRESS	116 LEMON RD NE		2.3 STREET ADDRESS	638 Jefferson Ave	
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		
STREET ADDRESS	130 ORANGE ROAD NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, JOHN		4.2 NAME		
STREET ADDRESS	1545 SYCAMORE AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	S	☑ Change ☐ Addition
NAME	DE YOUNG, BOB		5.2 NAME	DEYOUNG, BOB	
STREET ADDRESS	240 CUMQUAT ROAD, NE		5.3 STREET ADDRESS	240 CUMQUAT RD N.E.	
CITY-ST-ZIP	LAKE PLACID FL 33852		5.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DEEN, GEORGE		6.2 NAME		
STREET ADDRESS	254 TANGERINE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		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 REQUIRED 4/19/99 (941)465-5126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)