2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State
02-25-2000 90024 014 ****61.25

DOCUMENT # N00006

1. Entity Name

FIRST BAPTIST CHURCH OF PLACID LAKES, INC.

B0013187

DO NOT WRITE IN THIS SPACE

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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2437922 ☐ Applied For ☐ Not Applicable

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
HARRIS, BERT J. III 212 INTERLAKE BLVD. 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.*

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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TOPE, MARGARET 8 OLD PARKER ISLAND RD LAKE PLACID FL 33852	☐ Delete	S Carolyn Aliff 48 Glory Drive,Lake Placid FL33852	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALVIS, EARL 116 LEMON RD NE LAKE PLACID FL 33852	☐ Delete	D Dennis Rutledge 139 Lake Ridge Drive Lake Placid FL 33852	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMMOCK, ROY 117 ORANGE ROAD N E LAKE PLACID FL 33852	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAWLEY, ALBERTA 638 JEFFERSON AVENUE LAKE PLACID FL 33852	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DE YOUNG, BOB 240 CUMQUAT ROAD, NE LAKE PLACID FL 33852	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEEN, GEORGE 254 TANGERINE RD LAKE PLACID FL 33852	☐ Delete		☐ Change ☐ Addition

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: Alberta Fawley 1-31-00 863-465-512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #