

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 09, 2002 8:00 am**
Secretary of State

04-09-2002 90013 022 ****61.25

0062405

DOCUMENT # N00006

1. Entity 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

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NIELANDER, WILLIAM J PA
116 EAST 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 \$61.259. 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	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	ALIFF, CAROLYN	
STREET ADDRESS	48 GLORY DR	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	☐ Delete
NAME	FAWLEY, ALBERTA	
STREET ADDRESS	638 JEFFERSON AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	☒ Delete
NAME	RUTLEDGE, DENNIS	
STREET ADDRESS	139 LAKE RIDGE DR	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	☐ Delete
NAME	COOPER, RICHARD	
STREET ADDRESS	2035 C R 29	
CITY-ST-ZIP	LAKE PLACID FL 33852	

TITLE	D	☐ Change ☒ Addition
NAME	Kimberlin, Jim	
STREET ADDRESS	114 Eagle Avenue, NW	
CITY-ST-ZIP	Lake Placid FL 33852	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**Earl K. Alvis****3/25/2002****(863) 465-5126**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)