2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 23, 2004 8:00 am Secretary of State DOCUMENT # N00006 1. Entity Name 02-23-2004 90055 001 ****61.25 FIRST BAPTIST CHURCH OF PLACID LAKES, INC. Principal Place of Business Mailing Address 116 CLEVELAND AVE NE LAKE PLACID FL 33852-9708 116 CLEVELAND AVE NE 74007470 **LAKE PLACID FL 33852-9708** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-2437922 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NIELANDER, WILLIAM J PA Street Address (P.O. Box Number is Not Acceptable) 116 EAST INTERLAKE BLVD LAKE PLACID FL 33852 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. AS IN DAVID | Delete TITLE Addition TITLE Change ALVIS, LAVERDA LAVERDA NAME NAME BELL, RALPH 116 LEMON ROAD NE STREET ADDRESS STREET ADDRESS 259 BIMINI ST. NE LAKE PLACID FL 33852 CITY-ST-ZIP CITY-ST-7IP LAKE PLACIO EL 33852 ☐ Delete TITLE □ Change ■ Addition ALVIS, EARL NAME 116 LEMON RD NE STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition ALIFF, CAROLYN NAME NAME 48 GLORY DR STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition FAWLEY, ALBERTA NAME NAME 638 JEFFERSON AVENUE STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition KIMBERLIN, JIM NAME NAME 114 EAGLE AVE NW STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition BROWN, BILL NAME NAMÉ 130 ORANGE AVE NE STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852 CITY-ST-ZIP CITY-ST-7IP

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:

OFFICER OR DIRECTOR

2-16-04

FILED

863-465-5126