2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N00006

1. Entity Name
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 LAKE PLACID, FL 33852-9708

01052006 No Chg-NP CR2E037 (11/05)

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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

NIELANDER, WILLIAM J PA
116 EAST INTERLAKE BLVD
LAKE PLACID, FL 33852

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	COX, LINDA
STREET ADDRESS	116 CLEVELAND AVE NE
CITY-ST-ZIP	LAKE PLACID, FL 338529708
TITLE	P
NAME	ROSS, HAROLD
STREET ADDRESS	116 CLEVELAND AVE NE
CITY-ST-ZIP	LAKE PLACID, FL 338529708
TITLE	V
NAME	SANIDAS, NICK
STREET ADDRESS	116 CLEVELAND AVE NE
CITY-ST-ZIP	LAKE PLACID, FL 338529708
TITLE	S
NAME	RIDER, CAROLYN
STREET ADDRESS	116 CLEVELAND AVE NE
CITY-ST-ZIP	LAKE PLACID, FL 338529708
TITLE	D
NAME	KIMBERLIN, JIM
STREET ADDRESS	114 EAGLE AVE NW
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	BROWN, BILL
STREET ADDRESS	130 ORANGE AVE NE
CITY-ST-ZIP	LAKE PLACID, FL 33852

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01/18/06-80004-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X Linda Cox, Treasurer LINDA COX, TREASURER 01-09-06 (863) 465-5126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #