


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 SEP 24 AM 10:39

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09092008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2437922	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
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	
City & State				Zip Code	
FL				FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORD, NANCY 116 CLEVELAND AVE NE LAKE PLACID, FL 338529708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300136348913 09/25/08--01059--006 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, HAROLD 116 CLEVELAND AVE NE LAKE PLACID, FL 338529708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Thomas, John PO Box 1632 Lake Placid FL 33862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANIDAS, NICK 116 CLEVELAND AVE NE LAKE PLACID, FL 338529708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M9/24
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIDER, CAROLYN 116 CLEVELAND AVE NE LAKE PLACID, FL 338529708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBERLIN, JIM 114 EAGLE AVE NW LAKE PLACID, FL 33852	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BILL 130 ORANGE AVE NE LAKE PLACID, FL 33852	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>John P. Thomas</i>				Date: 9-11-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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