2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N00006

Entity Name: FIRST BAPTIST CHURCH OF PLACID LAKES, INC.

Current Principal Place of Business:

116 CLEVELAND AVE NE
LAKE PLACID, FL 338529708

New Principal Place of Business:

Current Mailing Address:

116 CLEVELAND AVE NE
LAKE PLACID, FL 338529708

New Mailing Address:

FEI Number: 59-2437922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	HARPER, JERRY	
Address:	116 CLEVELAND AVE NE	
City-St-Zip:	LAKE PLACID, FL 338529708	
Title:	P	( ) Delete
Name:	THOMAS, JOHN	
Address:	P.O. BOX 1632	
City-St-Zip:	LAKE PLACID, FL 33862	
Title:	V	( ) Delete
Name:	SANIDAS, NICK	
Address:	116 CLEVELAND AVE NE	
City-St-Zip:	LAKE PLACID, FL 338529708	
Title:	S	( ) Delete
Name:	RIDER, CAROLYN	
Address:	116 CLEVELAND AVE NE	
City-St-Zip:	LAKE PLACID, FL 338529708	
Title:	D	( ) Delete
Name:	KIMBERLIN, JIM	
Address:	114 EAGLE AVE NW	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	( ) Delete
Name:	BROWN, BILL	
Address:	130 ORANGE AVE NE	
City-St-Zip:	LAKE PLACID, FL 33852	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY HARPER T 04/06/2009

Electronic Signature of Signing Officer or Director — Date