

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90123 015 ****70.00

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **P** ☒ Delete
NAME **TOPE, MARGARET**
STREET ADDRESS **8 OLD PARKER ISLAND RD**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **T** ☐ Change ☒ Addition
NAME **ALVIS, LAVERDA**
STREET ADDRESS **116 LEMON ROAD NE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **P** ☐ Delete
NAME **ALVIS, EARL**
STREET ADDRESS **116 LEMON RD NE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☐ Change ☒ Addition
NAME **KIMBERLIN, JIM**
STREET ADDRESS **114 EAGLE AVE NW**
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** ☐ Change ☒ Addition
NAME **BROWN, BILL**
STREET ADDRESS **130 ORANGE AVE NE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **V P** ☐ Delete
NAME **FAWLEY, ALBERTA**
STREET ADDRESS **638 JEFFERSON AVENUE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☐ Change ☒ Addition
NAME **BELL, RALPH**
STREET ADDRESS **259 BIMINI ST NE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **R** ☒ Delete
NAME **RUTLEDGE, DENNIS**
STREET ADDRESS **139 LAKE RIDGE DR**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **COOPER, RICHARD**
STREET ADDRESS **2035 C R 29**
CITY-ST-ZIP **LAKE PLACID FL 33852**

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**
EARL K. ALVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03

863-465-5126

CR2E037 (10/02)