

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004158

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** LAKE PLACID CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

1069 HWY 27 NORTH  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1440  
LAKE PLACID, FL 33862

**New Mailing Address:**

**FEI Number:** 26-2609973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIELANDER, WILLIAM J P.A.  
172 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:** PD  
**Name:** EATON, ANTHONY  
**Address:** 904 HOLLYHOCK CT.  
**City-St-Zip:** LAKE PLACID, FL 33852

**Title:** STD  
**Name:** SEGRAVES, JENNINGS  
**Address:** 205 E. CHARLES ST.  
**City-St-Zip:** AVON PARK, FL 33825

**Title:** VPD  
**Name:** HUDSON, SHARION  
**Address:** 490 BRIAR GLEN  
**City-St-Zip:** LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

**SIGNATURE:** ANTHONY EATON

PD

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date