

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 23, 2012
Secretary of State

DOCUMENT# N08000004158

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 (X)****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:**HUDSON, SHARION
490 BRIAR GLEN RD
LAKE PLACID, FL 33852 US

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: SHARION HUDSON

08/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CHAMBERLIN, CHAPMAN JR
Address: 4401 ELSON AVE.
City-St-Zip: SEBRING, FL 33875

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

Title: TD
Name: SCHROEDER, MARY KATHLEEN
Address: 1504 TAMAH AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: SD
Name: MCCOY, MARY
Address: 107 LIME RD NW
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: SHARION HUDSON

VP

08/23/2012

Electronic Signature of Signing Officer or Director

Date