

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N11674

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: CHRISTIAN FELLOWSHIP OF LAKE PLACID, INC.

Current Principal Place of Business:

8475 SPARTA ROAD
SEBRING, FL 33875 US

New Principal Place of Business:

Current Mailing Address:

8475 SPARTA ROAD
SEBRING, FL 33875 US

New Mailing Address:

PO BOX 7035
SEBRING, FL 33872 US

FEI Number: 59-2607937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, ARLAN D.
2411 DOG LEG DRIVE
SEBRING, FL 33872

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: D () Delete
Name: BOGUS, PAUL E
Address: 209 NORTH MAIN STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: PD () Delete
Name: SAPP, ARLAN D
Address: 2411 DOG LEG DRIVE
City-St-Zip: SEBRING, FL 33872

Title: SD () Delete
Name: REED, CHRISTY
Address: 300 BAY ST
City-St-Zip: LORIDA, FL 33857

Title: VD () Delete
Name: SAPP, MARY
Address: 2411 DOG LEG DRIVE
City-St-Zip: SEBRING, FL 33872

Title: TD () Delete
Name: STOCK, SUSAN L
Address: 16 VICTORY WAY
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: BOGUS, HELEN
Address: 209 N MAIN STREET
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
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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 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 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: SUSAN L. STOCK

TD

05/01/2002

Electronic Signature of Signing Officer or Director

_____ Date