

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11674

FILED
Feb 11, 2009
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:

PO BOX 7035
SEBRING, FL 33872 US

New Mailing Address:

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.
5073 LAKE REGENCY DR
SEBRING, FL 33875 US

Name and Address of New Registered Agent:

SAPP, ARLAN D.
5073 LAKE REGENCY DR
SEBRING, FL 33875 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: ARLAN D. SAPP

02/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBERT, MOODY
Address: 2501 GRESHAM ST
City-St-Zip: SEBRING, FL 33875

Title: PD () Delete
Name: SAPP, ARLAN D
Address: 5073 LAKE REGENCY DR
City-St-Zip: SEBRING, FL 33875

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

Title: VD () Delete
Name: SAPP, MARY
Address: 5073 LAKE REGENCY DR
City-St-Zip: SEBRING, FL 33875

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

Title: D () Delete
Name: LAGROW, KENNETH
Address: 3012 CREEKSIDE CT
City-St-Zip: SEBRING, FL 33872

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: D (X) Change () Addition
Name: EVERETT, STEVE
Address: 3227 SW 1ST AVE
City-St-Zip: CAPE CORAL, FL 33914

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: SUSAN L. STOCK

TD

02/11/2009

Electronic Signature of Signing Officer or Director

Date