


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N17254</b> 1. Entity Name <b>GREATER BETHEL A.M.E. CHURCH OF LAKE PLACID, INC.</b>					
Principal Place of Business <b>120 PARK STREET LAKE PLACID FL 33852</b>		Mailing Address <b>POST OFFICE BOX 2075 LAKE PLACID FL 33852</b>			
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 <b>59-2839040</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHANNON, ROBERT REV 1406 LUCAS DRIVE SEBRING FL 33870</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHANNON, ROBERT REV		NAME	000000453421	
STREET ADDRESS	1406 LUCAS DRIVE		STREET ADDRESS	03/14/06-80021-020 70.00	
CITY-ST-ZIP	SEBRING FL 33870		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESLEY, ELIZABETH		NAME		
STREET ADDRESS	146 PARK STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, GILDA		NAME		
STREET ADDRESS	3921 CRAIG AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33870		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLDS, LINDA F		NAME		
STREET ADDRESS	140 STATE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33870		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, LOVIE		NAME		
STREET ADDRESS	1903 WIGHTMAN AVE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33870		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.					
<b>SIGNATURE: <i>Gilda Robinson</i> Gilda Robinson VD 02-25-06 863-385-6101 ex 36</b>					