

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17254

FILED
Apr 20, 2009
Secretary of State

Entity Name: GREATER BETHEL A.M.E. CHURCH OF LAKE PLACID, INC.

Current Principal Place of Business:

120 E. A. SMITH AVE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2075
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 37-1537008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHANNON, ROBERT REV
1406 LUCAS DRIVE
SEBRING, FL 33870 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 () Delete
Name: SHANNON, ROBERT REV
Address: 1406 LUCAS DRIVE
City-St-Zip: SEBRING, FL 33870

Title: VD () Delete
Name: WESLEY, ELIZABETH
Address: 146 PARK STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: VD () Delete
Name: ROBINSON, GILDA
Address: 3921 CRAIG AVENUE
City-St-Zip: SEBRING, FL 33870

Title: TD () Delete
Name: OLDS, LINDA F
Address: 140 STATE DRIVE
City-St-Zip: SEBRING, FL 33870

Title: SD () Delete
Name: HARRIS, LOVIE
Address: 1903 WIGHTMAN AVE
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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 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: GILDA ROBINSON

TREA

04/20/2009

Electronic Signature of Signing Officer or Director

Date