

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90145 022 \*\*\*\*70.00

**DOCUMENT # N17254**

1. Entity Name

**GREATER BETHEL A.M.E. CHURCH OF LAKE PLACID, INC**



Principal Place of Business

**120 PARK STREET  
LAKE PLACID FL 33852**

Mailing Address

**POST OFFICE BOX 2075  
LAKE PLACID FL 33852**

10020606



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2839040**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHANNON, ROBERT REV**

**1406 LUCAS DRIVE  
SEBRING FL 33870**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	SHANNON, ROBERT REV	1406 LUCAS DRIVE SEBRING FL 33870				
	VD	WESLEY, ELIZABETH	146 PARK STREET LAKE PLACID FL 33852				
	VD	ROBINSON, GILDA	3921 CRAIG AVENUE SEBRING FL 33870				
	TD	OLDS, LINDA F	140 STATE DRIVE SEBRING FL 33870				
	SD	HARRIS, LOVIE	1903 WIGHTMAN AVE SEBRING FL 33870				

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:

*MAINTENANCE REQUIRED*

03-03-03 863-385-6010 ext 367

CR2E037 (10/02)

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