

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N26286**

1. Entity Name  
**FAITH BAPTIST CHURCH OF LAKE PLACID, INC.**



Principal Place of Business  
**660 HOLMES AVE  
LAKE PLACID, FL 33852**

Mailing Address  
**660 HOLMES AVE  
LAKE PLACID, FL 33852 US**

**DO NOT WRITE IN THIS SPACE**

**(N26286=====N)**

01082006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2974744</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BENZING, MAURICE  
7 CLOUEREAF RD  
LAKE PLACID, FL 33852**

**DO NOT WRITE  
IN THIS SPACE**

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 Maurice A Benzing **MAURICE A. BENZING** 2-22-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WISEMAN, DARREL 192 11TH STREET LAKE PLACID, FL 33852
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRC BENZING, MAURICE 7 CLOVERLEAF RD. LAKE PLACID, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MUNGO, ELMER 117 APPLE TREE AVE LAKE PLACID, FL 33852
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Maurice A Benzing **MAURICE A. BENZING** 2-22-06 863-465-4137  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #