


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 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			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2974744	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BENZING, MAURICE 7 CLOVERLEAF RD LAKE PLACID FL 33852				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <u>Maurice A Benzing</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>MAURICE A. BENZING</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>3-1-07</u> <small>DATE</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TR WISEMAN, DARREL 192 11TH STREET LAKE PLACID FL 33852	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRC BENZING, MAURICE 7 CLOVERLEAF RD. LAKE PLACID FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MUNGO, ELMER 117 APPLETREE AVE LAKE PLACID FL 33852	<input type="checkbox"/> Delete			
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1st MOORE CR2E037 (10/06)

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.

SIGNATURE: Maurice A Benzing MAURICE A. BENZING 3-1-07 863-465-4137