

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 SEP 17 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32756

1. Entity Name
THE FIRST PRESBYTERIAN CHURCH OF LAKE PLACID,
FLORIDA ASSOCIATE REFORMED SYNOD, INC.



Principal Place of Business
117 NORTH OAK STREET
P O BOX 326
LAKE PLACID, FL 33852

Mailing Address
117 NORTH OAK STREET
P O BOX 326
LAKE PLACID, FL 33852

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08152007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2956007

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, BERT J., III
401 DAL HALL BOULEVARD
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25
Due by September 14, 2007

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

TITLE T ☒ Delete
NAME HARTZELL, FRANK
STREET ADDRESS 40 MEADOULEKE CIRCLE N.
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE T ☒ Delete
NAME SALAGEBER, TOM
STREET ADDRESS 343 CATFISH CREEK RD.
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE T ☐ Delete
NAME BLACKWELL, GINNY
STREET ADDRESS 8 ROSEWOOD DR. N.
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE T ☐ Delete
NAME GILDE, RANDY
STREET ADDRESS 433 LAKE MIRROR DRIVE
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE T ☐ Delete
NAME VELEY, DAVID
STREET ADDRESS 331 LAKE MIRROR DRIVE
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE T/S ☐ Delete
NAME SNIVELY, JEANNIE
STREET ADDRESS 244 HUNTLEY OAKS BLVD
CITY-ST-ZIP LAKE PLACID, FL 33852

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Change ☒ Addition
NAME James E. Tompkins
STREET ADDRESS 255 E. Park Avenue
CITY-ST-ZIP Lake Placid, FL 33852

TITLE T ☐ Change ☒ Addition
NAME Frank Williams
STREET ADDRESS 1541 Spring Lane
CITY-ST-ZIP Lake Placid, FL 33852

TITLE T/C ☐ Change ☒ Addition
NAME Don Bates
STREET ADDRESS 81 Bates Road
CITY-ST-ZIP Lake Placid, FL 33852

TITLE T ☐ Change ☒ Addition
NAME James Clinard
STREET ADDRESS 106 Mar-Bet Drive
CITY-ST-ZIP Lake Placid, FL 33852

TITLE T ☐ Change ☒ Addition
NAME David Wheeler
STREET ADDRESS 441 Lake Mirror Drive
CITY-ST-ZIP Lake Placid, FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500109595885
09/18/07--01069--015 **\$61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/14/07 863-465-7736