


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90073 021 ****61.25

DOCUMENT # N43271 1. Entity Name LAKE PLACID CHRISTIAN SCHOOL, INC.					
Principal Place of Business 144 E. INTERLAKE BLVD. LAKE PLACID FL 33862 US			Mailing Address P.O. BOX 950 LAKE PLACID FL 33862 US		
2. Principal Place of Business Suite, Apt. #, etc. (148) E. Interlake Blvd		3. Mailing Address Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 		Country 		4. FEI Number 59-3072235	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WEEKS, ROBIN CPA 404 SOUTH SIXTH AVE WAUCHULA FL 33873			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, DENNIS <input type="checkbox"/> Delete 109 SIRENA DR. LAKE PLACID FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLIPPEL, JOYCE <input type="checkbox"/> Delete 120 MURRAY COURT NW LAKE PLACID FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DOYLE E <input type="checkbox"/> Delete 333 FARRELL DR NE LAKE PLACID FL 33852				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFIN, NORMA <input type="checkbox"/> Delete 109 SIRENA AVE LAKE PLACID FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURRANCE, DEBORAH M <input type="checkbox"/> Delete 500 LOST LAKE DR LAKE PLACID FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, GREGORY S <input type="checkbox"/> Delete 4055 PLACIDVIEW LAKE PLACID FL 33852				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				



MOORE CR2E037 (11/03)

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: *Dennis C. Griffin* **Dennis C. Griffin President** **1/28/04** **863-465-5491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #