


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N43271</b>	
1. Entity Name <b>LAKE PLACID CHRISTIAN SCHOOL, INC.</b>	

Principal Place of Business <b>148 E. INTERLAKE BLVD. LAKE PLACID, FL 33862 US</b>	Mailing Address <b>P.O. BOX 950 LAKE PLACID, FL 33862 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3072235</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**WEEKS, ROBIN CPA  
404 SOUTH SIXTH AVE  
WAUCHULA, FL 33873**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>NAME GRIFFIN, DENNIS</b>
STREET ADDRESS <b>109 SIRENA DR.</b>	
CITY-ST-ZIP <b>LAKE PLACID, FL</b>	
TITLE <b>V</b>	<b>NAME GIFFIN, DUSTIN C</b>
STREET ADDRESS <b>106 FILLMORE AVENUE NORTHEAST</b>	
CITY-ST-ZIP <b>LAKE PLACID, FL 33852</b>	
TITLE <b>S</b>	<b>NAME SMITH, DOYLE E</b>
STREET ADDRESS <b>333 FARRELL DR NE</b>	
CITY-ST-ZIP <b>LAKE PLACID, FL 33852</b>	
TITLE <b>T</b>	<b>NAME GRIFFIN, NORMA</b>
STREET ADDRESS <b>109 SIRENA AVE</b>	
CITY-ST-ZIP <b>LAKE PLACID, FL</b>	
TITLE <b>D</b>	<b>NAME WELLS, LONNIE</b>
STREET ADDRESS <b>PO BOX 1104</b>	
CITY-ST-ZIP <b>LAKE PLACID, FL 33862</b>	
TITLE <b>D</b>	<b>NAME REYNOLDS, GREGORY S</b>
STREET ADDRESS <b>4055 PLACIDVIEW</b>	
CITY-ST-ZIP <b>LAKE PLACID, FL 33852</b>	

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01/11/06-80070-004 61.25

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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: Dennis C. Griffin Headmaster/President 1/6/06 863-465-5491  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_