

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43271

FILED
Jul 16, 2008
Secretary of State

Entity Name: LAKE PLACID CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

148 E. INTERLAKE BLVD.
LAKE PLACID, FL 33862 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 950
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-3072235 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRIFFIN, DENNIS C
Address: 109 SIRENA DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: V () Delete
Name: GIFFIN, DUSTIN C
Address: 106 FILLMORE AVENUE NORTHEAST
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: SMITH, DOYLE E
Address: 333 FARRELL DR NE
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: GRIFFIN, NORMA A
Address: 109 SIRENA AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: WELLS, LONNIE
Address: PO BOX 1104
City-St-Zip: LAKE PLACID, FL 33862

Title: D () Delete
Name: REYNOLDS, GREGORY S
Address: 4055 PLACIDVIEW
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WELLS, LONNIE JR
Address: PO BOX 1104
City-St-Zip: LAKE PLACID, FL 33862

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS C. GRIFFIN

PRES

07/16/2008

Electronic Signature of Signing Officer or Director

Date