2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N43271

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 (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 JR	
Address:	PO BOX 1104	
City-St-Zip:	LAKE PLACID, FL 33862	
Title:	D	( ) Delete
Name:	REYNOLDS, GREGRY 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 03/21/2009

Electronic Signature of Signing Officer or Director — Date