

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90006 018 \*\*\*\*61.25

**DOCUMENT # N43271**

1. Entity Name

LAKE PLACID CHRISTIAN SCHOOL, INC.



Principal Place of Business

148 E. INDIANLAKE BLVD.  
LAKE PLACID FL 33862  
US

Mailing Address

P.O. BOX 950  
LAKE PLACID FL 33862  
US

2. Principal Place of Business

148 E. Interlake Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3072235

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 P  
NAME GRIFFIN, DENNIS  
STREET ADDRESS 109 SIRENA DR.  
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

TITLE V  
NAME KLIPPEL, JOYCE  
STREET ADDRESS 120 MURRAY COURT NW  
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

TITLE S  
NAME GRIDSBY, MARTHA  
STREET ADDRESS P O BOX 625, 222 CATFISH CREEK ROAD  
CITY-ST-ZIP LAKE PLACID FL ☒ Delete

TITLE T  
NAME GRIFFIN, NORMA  
STREET ADDRESS 109 SIRENA AVE  
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

TITLE D  
NAME DURRANCE, DEBORAH M  
STREET ADDRESS 500 LOST LAKE DR  
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

TITLE D  
NAME REYNOLDS, GREGORY S  
STREET ADDRESS 4055 PLACIDVIEW  
CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Sec.  
NAME Doyle E. Smith  
STREET ADDRESS 333 Farrell DR N.E.  
CITY-ST-ZIP Lake Placid, FL 33852 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 863-465-5491  
Date Daytime Phone #

CR2E037 (10/02)