

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 042 ****61.25

DOCUMENT # N970000071

1. Entity Name

LAKE PLACID CHURCH OF THE LORD JESUS CHRIST, INC.



Principal Place of Business

975 COUNTY RD 621 E
LAKE PLACID FL 33852
US

Mailing Address

975 COUNTY RD 621 E
LAKE PLACID FL 33852
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3484832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

HOLMES, WILLIAM
140 RAINY RD
LAKE PLACID FL 33852

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
Due By May 1, 2007

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: STD
NAME: HOLMES, MARGO
STREET ADDRESS: 140 RAINY ROAD
CITY-STATE-ZIP: LAKE PLACID FL 33852 ☐ Delete

TITLE: D
NAME: LAMBERT, LARRY
STREET ADDRESS: 2869 MONARCH TRAIL SW
CITY-STATE-ZIP: STUART FL 34997 ☒ Delete

TITLE: PD
NAME: HOLMES, WILLIAM
STREET ADDRESS: 140 RAINY RD.
CITY-STATE-ZIP: LAKE PLACID FL 33852 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:
NAME: Elaine Lambert
STREET ADDRESS: 739 Running Creek Lane
CITY-STATE-ZIP: Boiling Springs, SC 29316 ☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-7

(863) 465-0403

Daytime Phone #