

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91832 035 \*\*\*\*\*61.25

**DOCUMENT # N97000007193**

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

**975 County Road 621 E**

3. Mailing Address

**975 County Road 621 E**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKE PLACID FLORIDA**

City & State

**LAKE PLACID FLORIDA**

Zip

**33852**

Country

**USA**

Zip

**33852**

Country

**USA**

4. FEI Number **59-3484832**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required.

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**

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	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>HOLMES, MARGO</b>	
STREET ADDRESS	<b>140 RAINY ROAD</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HOLMES, WILLIAM</b>	
STREET ADDRESS	<b>140 RAINY RD</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOPES, MANNY</b>	
STREET ADDRESS	<b>140 DUNTY ROAD</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANDRA LOPES</b>	
STREET ADDRESS	<b>140 DUNTY Rd</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LARRY CAMBERT</b>	
STREET ADDRESS	<b>2869 MONARCH TRAIL SW</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **William J. Holmes**

**4-30-03 (863) 465-0403**

CR2E037 (10/02)