

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **733183** (8)  
1. Corporation Name  
**LAKESIDE CHURCH OF CHRIST, INC.**

Principal Place of Business Mailing Address  
**2539 MOODY ROAD P O BOX 1246 ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/27/1975</b>	3a. Date of Last Report <b>04/14/1994</b>
4. FEI Number <b>59-1631340</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**MCDONALD, JAMES S JR.  
711 O'HARA ROAD  
DOCTORS INLET FL 32068-6806**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>T</b>
NAME	<b>MARSHALL, JAMES R.</b>
STREET ADDRESS	<b>3418 RED OAK CIRCLE, E.</b>
CITY - ST - ZIP	<b>ORANGE PARK FL</b>
TITLE	<b>P</b>
NAME	<b>THOMPSON, V N</b>
STREET ADDRESS	<b>472 JEFFERSON AVE</b>
CITY - ST - ZIP	<b>ORANGE PARK, FL 00000</b>
TITLE	<b>S</b>
NAME	<b>ZAMMERMAN, JERRY</b>
STREET ADDRESS	<b>3043 MARRANO DRIVE</b>
CITY - ST - ZIP	<b>ORANGE PARK FL</b>
TITLE	<b>D</b>
NAME	<b>ESTERAK, RON</b>
STREET ADDRESS	<b>1350 PAWNEE ST</b>
CITY - ST - ZIP	<b>ORANGE PARK, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>CAGLE, GARY</b>
STREET ADDRESS	<b>2016 SOUTH SUSSEX</b>
CITY - ST - ZIP	<b>ORANGE PARK FL</b>
TITLE	<b>D</b>
NAME	<b>WILLIAMS, JESSE</b>
STREET ADDRESS	<b>288 GANO AVENUE</b>
CITY - ST - ZIP	<b>ORANGE PARK FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>President</b>
2.3 STREET ADDRESS	<b>McDonald, James S. Jr.</b>
2.4 CITY - ST - ZIP	<b>711 O'Hara Road</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<b>Doctors Inlet, FL 32068-6806</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R. Marshall **James R. Marshall** 3/31/95 264-2463  
Signature and typed or printed name of signing officer or director Date Daytime Phone #