

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91500 002 ****61.25

DOCUMENT # 733183

1. Entity Name

LAKESIDE CHURCH OF CHRIST, INC.

Principal Place of Business

2539 MOODY ROAD
 P O BOX 1246
 ORANGE PARK FL 32073

Mailing Address

2539 MOODY ROAD
 P O BOX 1246
 ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1631340

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PLANTE, MICHAEL E~~

~~938 SANDPIPER LN
 ORANGE PARK FL 32073~~

Name **PLANTE, MICHAEL E**

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **HERRING, QUENTIN J**
 STREET ADDRESS **8405 IRONGATE CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE Change Addition
 NAME **MITCHELL HALCOMB**
 STREET ADDRESS **532 SPARROW BRANCH CIRCLE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32259**

P Delete
 NAME **KNOLL, J. C.**
 STREET ADDRESS **609 GOLDENRON WAY**
 CITY-ST-ZIP **SAINT MARYS GA 31558**

Change Addition

D Delete
 NAME **HANEY, RANDALL**
 STREET ADDRESS **4994 PINE CONE CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

Change Addition

S Delete
 NAME **PLANTE, MICHAEL E**
 STREET ADDRESS **938 SANDPIPER LANE**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

Change Addition

D Delete
 NAME **GARNER, RON**
 STREET ADDRESS **1493 SCARLETT WAY**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

Change Addition

D Delete
 NAME **KENNAMER, LARRY JAMES**
 STREET ADDRESS **6710 COLLINS RD APT 2518**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

D Change Addition
 NAME **KENNAMER, LARRY JAMES**
 STREET ADDRESS **6710 23727 BAHAMA POINT #1012**
 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

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: *Michael E. Plante* **MICHAEL E PLANTE** 4/24/02 904 905-5144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)