

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2004  
Secretary of State**

DOCUMENT# 733183

Entity Name: LAKESIDE CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

2539 MOODY ROAD  
P O BOX 1246  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2539 MOODY ROAD  
P O BOX 1246  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 59-1631340      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PLANTE, MICHEAL E  
938 SANDPIPER LN  
ORANGE PARK, FL 32073

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: HALCOMB, MITCHELL W  
Address: 532 SPARROW BRANCH CIR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: P ( ) Delete  
Name: KNOLL, J. C.  
Address: 609 GOLDENRON WAY  
City-St-Zip: SAINT MARYS, GA 31558

Title: D ( ) Delete  
Name: HANEY, RANDALL  
Address: 4994 PINE CONE CT  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete  
Name: PLANTE, MICHAEL E  
Address: 938 SANDPIPER LANE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: GARNER, RON  
Address: 1493 SCARLETT WAY  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCDONALD, DAVID  
Address: 693 O'HARA RD  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CRAWFORD, DARRELL  
Address: 10937 FALKLAND RD.  
City-St-Zip: JACKSONVILLE, FL 32221 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL HALCOMB

T

04/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date