## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 733183**

FILED Apr 29, 2007 Secretary of State

Entity Name: LAKESIDE CHURCH OF CHRIST, INC.

Current Principal Place of Business: 2539 MOODY ROAD P O BOX 1246 ORANGE PARK, FL 32073 Current Mailing Address:			New Prince	New Principal Place of Business:  2539 MOODY ROAD ORANGE PARK, FL 32073  New Mailing Address:		
			New Maili			
P O BOX	ODY ROAD 1246 : PARK, FL 32073					
FEI Numbe	r: 59-1631340 FEI	Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired (	)	
Name an	d Address of Currer	nt Registered Agent:	Name and	Address of New Registered Agent:		
938 SANÉ	MICHEAL E DPIPER LN : PARK, FL 32073	US				
	e named entity submi te of Florida.	ts this statement for the p	ourpose of changing i	its registered office or registered agent, or	both,	
SIGNATU	JRE:					
	Electronic Sig	nature of Registered Age	ent	Date		
OFFICER	S AND DIRECTORS	<b>5</b> :	ADDITION	NS/CHANGES TO OFFICERS AND DIREC	CTOR	
Title:	T () Delete		Title:	( ) Change ( ) Addition		
Name: Address:	T () Delete BRUCE, DARREN K 1300 LAKEWOOD DR JACKSONVILLE, FL 3		Name: Address: City-St-Zip:	( )		
Name: Address: City-St-Zip: Title: Name: Address:	BRUCE, DARREN K 1300 LAKEWOOD DR JACKSONVILLE, FL 3  P () Delete KNOLL, J. C. 609 GOLDENRON WA	32259 34Y	Name: Address:	P (X) Change ( ) Addition HERRING, QUENT 8405 IRONGATE CT. JACKSONVILLE, FL 32244		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BRUCE, DARREN K 1300 LAKEWOOD DR JACKSONVILLE, FL 3  P ( ) Delete KNOLL, J. C. 609 GOLDENRON WA SAINT MARYS, GA 3  D ( ) Delete MCDONALD, DAVID 693 O'HARA RD	 32259 AY 1558	Name: Address: City-St-Zip: Title: Name: Address:	P (X) Change ( ) Addition HERRING, QUENT 8405 IRONGATE CT.		
Title: Name: Address: City-St-Zip: City-St-Zip:	BRUCE, DARREN K 1300 LAKEWOOD DR JACKSONVILLE, FL 3  P ( ) Delete KNOLL, J. C. 609 GOLDENRON WA SAINT MARYS, GA 3  D ( ) Delete MCDONALD, DAVID 693 O'HARA RD	2259 24 2558 2068 US	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	P (X) Change ( ) Addition HERRING, QUENT 8405 IRONGATE CT. JACKSONVILLE, FL 32244		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: Address:	BRUCE, DARREN K 1300 LAKEWOOD DR JACKSONVILLE, FL 3  P () Delete KNOLL, J. C. 609 GOLDENRON WA SAINT MARYS, GA 3  D () Delete MCDONALD, DAVID 693 O'HARA RD MIDDLEBURG, FL 32  S () Delete PLANTE, MICHAEL E 938 SANDPIPER LANI	E 2073	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	P (X) Change ( ) Addition HERRING, QUENT 8405 IRONGATE CT. JACKSONVILLE, FL 32244  ( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DARREN K. BRUCE T 04/29/2007