

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


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

05-05-2003 90305 035 ****61.25

0063983

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1631340** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PLANTE, MICHAEL E
938 SANDPIPER LN
ORANGE PARK FL 32073**

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 *Michael E. Plante* DATE **4/5/03**

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

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	T	<input checked="" type="checkbox"/> Delete
NAME	HERRING, QUENTIN J	
STREET ADDRESS	8405 IRONGATE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	P	<input type="checkbox"/> Delete
NAME	KNOLL, J. C.	
STREET ADDRESS	609 GOLDENRON WAY	
CITY-ST-ZIP	SAINT MARYS GA 31558	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANEY, RANDALL	
STREET ADDRESS	4994 PINE CONE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	S	<input type="checkbox"/> Delete
NAME	PLANTE, MICHAEL E	
STREET ADDRESS	938 SANDPIPER LANE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARNER, RON	
STREET ADDRESS	1493 SCARLETT WAY	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENAMER, LARRY JAMES	
STREET ADDRESS	6710 COLLINS RD APT 2518	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Halcumb, Mitchell W	
STREET ADDRESS	532 Sparrow Branch Cir.	
CITY-ST-ZIP	Jacksonville, FL 32259	
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		
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: *Michael E. Plante* **4/5/03** **904-370-6779**

CR2E037 (10/02)