

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733183

**Entity Name:** LAKESIDE CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

2539 MOODY AVENUE  
ORANGE PARK, FL 32073

**Current Mailing Address:**

2539 MOODY AVENUE  
ORANGE PARK, FL 32073

**FEI Number:** 59-1631340

**Certificate of Status Desired:** Yes

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

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

*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

**Officer/Director Detail :**

Title T  
Name WRIGHT, GLENN M  
Address 1921 OLD MOSS LANE  
City-State-Zip: MIDDLEBURG FL 32068

Title P  
Name HERRING, QUENT  
Address 8405 IRONGATE CT.  
City-State-Zip: JACKSONVILLE FL 32244

Title D  
Name MCDONALD, DAVID  
Address 693 O'HARA RD  
City-State-Zip: MIDDLEBURG FL 32068

Title S  
Name PLANTE, MICHAEL E  
Address 938 SANDPIPER LANE  
City-State-Zip: ORANGE PARK FL 32073

Title D  
Name GARNER, RON  
Address 1493 SCARLETT WAY  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title D  
Name CRAWFORD, DARRELL  
Address 10937 FALKLAND RD.  
City-State-Zip: JACKSONVILLE FL 32221

Title ELDER  
Name KOVAR, STEVE  
Address 10764 APPALOOSA DRIVE  
City-State-Zip: JACKSONVILLE FL 32257

Title ELDER  
Name LUCAS, THOMAS  
Address 3035 COUNTRY CLUB BLVD  
City-State-Zip: ORANGE PARK FL 32073

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** GLENN WRIGHT

**TREASURER**

06/12/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ELDER  
Name LEDFORD, KRIS  
Address 2983 COUNTRY CLUB BLVD  
City-State-Zip: ORANGE PARK FL 32073