

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90147 042 ****61.25

DOCUMENT # 711222

1. Entity Name

LAKE SHORE CHAPEL ASSEMBLY, INC.

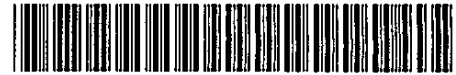


Principal Place of Business

8184 ALDERMAN ROAD
MELROSE FL 32666

Mailing Address

8184 ALDERMAN ROAD
MELROSE FL 32666



2. Principal Place of Business

3390 Marbon Meadows Lane

3. Mailing Address

3390 Marbon Meadows Lane

Suite, Apt. #, etc.

3390 Marbon Meadows Lane

Suite, Apt. #, etc.

3390 Marbon Meadows Lane

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32223

Country

Duval

Zip

32223

Country

Duval

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CLARANCE E
5024 ARAPAHOE AVENUE
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name Verdain Mullis

Street Address (P.O. Box Number is Not Acceptable)

3390 Marbon Meadows Lane

City

Jacksonville

FL

Zip Code
32223

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

Verdain Mullis President

4-24-05

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

Due By May 1, 2005

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	P	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CLARANCE E	
STREET ADDRESS	5024 ARAPAHOE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, LEONARA	
STREET ADDRESS	5024 ARAPAHOE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MULLIS, VERDAIN	
STREET ADDRESS	8184 ALDERMAN RD.	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MULLIS, DWIGHT	
STREET ADDRESS	8184 ALDERMAN RD.	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DYER, PAULINE R	
STREET ADDRESS	4527 JULINGTON CREK	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DYER, CHARLES	
STREET ADDRESS	4527 JULINGTON CREEK	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Verdain Mullis	
STREET ADDRESS	3390 Marbon Meadows Lane	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lesa Holder	
STREET ADDRESS	14378 Mandarin Road	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dwight Mullis	
STREET ADDRESS	3390 Marbon Meadows Lane	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caroline M. Holder	
STREET ADDRESS	14378 Mandarin Road	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lesa Holder	
STREET ADDRESS	14378 Mandarin Road	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	ST/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dwight Mullis	
STREET ADDRESS	3390 Marbon Meadows Lane	
CITY-ST-ZIP	Jacksonville, FL 32223	

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:

Verdain Mullis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-05 352-475-3468

Date

Daytime Phone #