2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727698

FILED Jan 14, 2005 Secretary of State

Entity Name: LAKE SHORE UNITED METHODIST CHURCH, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 2246 BLANDING BOULEVARD JACKSONVILLE, FL 322104168 **Current Mailing Address: New Mailing Address:** 2246 BLANDING BOULEVARD JACKSONVILLE, FL 322104168 FEI Number: 59-0823948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FULLER, THOMAS R REV 2246 BLÁNDING BLVD JACKSONVILLE, FL 32210 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FIELDS, VERNA GATES, SAM Name: Name: 4956 RED PINE COURT Address: 2471 ORMSBY CIRCLE W Address: City-St-Zip: JACKSONVILLE, FL 322107914 City-St-Zip: JACKSONVILLE, FL 322103927 Title: CD Title: (X) Change () Addition () Delete Name: HAILEY, JEAN Name: RAY, TRUDY B Address: 4429 SHIRLEY AVE Address: 10500 INNISBROOK DR City-St-Zip: JACKSONVILLE, FL 322102029 City-St-Zip: JACKSONVILLE, FL 322221363 Title: () Delete Title: () Change () Addition COSTLEY, JANICE L Name: Name: 7765 ANDES DR Address: Address: City-St-Zip: JACKSONVILLE, FL 322446415 City-St-Zip: Title: D (X) Delete Title: () Change () Addition Name: GATES, SAM Name: 2471 ORNSBY CIRCLE W Address: Address: City-St-Zip: JACKSONVILLE, FL 322103927 City-St-Zip:

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: TRUDY B. RAY S 01/14/2005