2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#733183

Name:

Address:

City-St-Zip:

10937 FALKLAND RD.

JACKSONVILLE, FL 32221 US

FILED Mar 31, 2009 Secretary of State

Entity Name: LAKESIDE CHURCH OF CHRIST, INC.

Current Principal Place of Business: New Principal Place of Business: 2539 MOODY AVENUE ORANGE PARK, FL 32073 **Current Mailing Address: New Mailing Address:** 2539 MOODY AVENUE ORANGE PARK, FL 32073 FEI Number: 59-1631340 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: PLANTE, MICHEAL E PLANTE, MICHAEL E 938 SANDPIPER LN 938 SANDPIPER LN ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 US 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: MICHAEL E PLANTE 03/31/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BRUCE, DARREN K WRIGHT, GLENN M Name: Name: 1300 LAKEWOOD DR. Address: **1921 OLD MOSS** Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: MIDDLEBURG, FL 32068 Title: () Delete Title: () Change () Addition Name: HERRING, QUENT Name: Address: 8405 IRONGATE CT. Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: Title: () Delete Title: () Change () Addition MCDONALD, DAVID Name: Name: Address: 693 O'HARA RD Address: City-St-Zip: MIDDLEBURG, FL 32068 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: PLANTE, MICHAEL E Name: 938 SANDPIPER LANE Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: () Delete Title: () Change () Addition GARNER, RON Name: Name: 1493 SCARLETT WAY Address: Address: GREEN COVE SPRINGS, FL 32043 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition CRAWFORD, DARRELL

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GLENN M WRIGHT Т 03/31/2009