

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90007 047 ****61.25

DOCUMENT # 750573

1. Entity Name
LAKE SHORE PRESBYTERIAN CHURCH



Principal Place of Business
**2270 BLANDING BLVD.
JACKSONVILLE, FL 32210-4168**

Mailing Address
**2270 BLANDING BLVD.
JACKSONVILLE, FL 32210-4168**

DO NOT WRITE IN THIS SPACE



02202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1109519

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEAN, JAMES
1704 MT VERNON DR
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MINGO, STANLEY
STREET ADDRESS	10200 Belle Rive, #50 Blvd.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	T
NAME	DEAN, JAMES
STREET ADDRESS	1704 MT VERNON DR
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	T
NAME	MURPHY, ANN
STREET ADDRESS	1706 HORTON DR
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	T
NAME	REED, LOIS
STREET ADDRESS	2405 ORMSBY CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/04
Date

Daytime Phone #