
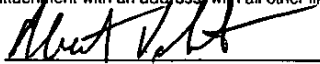


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90016 019 ****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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1109519	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAN, JAMES 1704 MT VERNON DR JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINGO, STANLEY		NAME		
STREET ADDRESS	10200 BELLE RIVE BLVD., #50		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32256		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEAN, JAMES		NAME		
STREET ADDRESS	1704 MT VERNON DR		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32210		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, ANN		NAME		
STREET ADDRESS	1706 HORTON DR		STREET ADDRESS		
CITY - ST - ZIP	ORANGE PARK, FL 32073		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, LOIS		NAME		
STREET ADDRESS	2405 ORMSBY CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32210		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	T VELETA, Robert	
STREET ADDRESS			STREET ADDRESS	4350 Ortega Farms Circle	
CITY - ST - ZIP			CITY - ST - ZIP	Jacksonville, FL 32210	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			Robert. Veleta		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 02-02-05 <small>Daytime Phone #</small> (904) 389-2341		

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02022005 Chg-NP CR2E037 (10/03)