## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 09, 2007 8:00 am Secretary of State

## 02-09-2007 90025 035 \*\*\*\*61.25 **DOCUMENT #750573** LAKÉ SHORE PRESBYTERIAN CHURCH Principal Place of Business Mailing Address 2270 BLANDING BLVD. 2270 BLANDING BLVD. JACKSONVILLE, FL 32210-4168 JACKSONVILLE, FL 32210-4168 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01242007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 59-1109519 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORRT DEAN, JAMES 1704 MT VERNON DR JACKSONVILLE, FL 32210 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 redistere d ager 1-24-2007 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. s TITLE ☐ Delete TITLE Change ☐ Addition FRKETIZ, KIM Kim Frketic NAME NAME STREET ADDRESS 2270 BLANDING BLVD JACKSONVILL PZ STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-7/P TITLE Delete TITLE -Robert Veleta DEAN, JAMES NAME NAME 4350 Ortega FARMS CR. STREET ADDRESS 1704 MT VERNON DR STREET ADDRESS JACKSONVILLE CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition REED, LOIS NAME MAINE STREET ADDRESS 2405 ORMSBY CIRCLE STREET ADDRESS JACKSONVILLE, FL 32210 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ 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 exemptions contained 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 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 file egg-owered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #