

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

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**



02052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1109519	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VELETA, ROBERT
4350 ORTEGA FARMS CR.
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	FRKETIC, KIM
STREET ADDRESS	2270 BLANDING BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	T
NAME	VELETA, ROBERT
STREET ADDRESS	4350 ORTEGA FARMS CR.
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	
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000000827371
02/21/08-80088-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Frketic **Kim Frketic**

2/5/08 **2/5/08**

Date

904-389-2341 **904-389-2341**

Daytime Phone #