## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#750826** 

FILED Apr 24, 2007 Secretary of State

Entity Name: LAKESIDE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1801 12TH AVENUE SOUTH 1801 12TH AVENUE SOUTH LAKE WORTH, FL 334612799 US LAKE WORTH, FL 334612799

**Current Mailing Address: New Mailing Address:** 

1801 12TH AVENUE SOUTH 1801 12TH AVENUE SOUTH LAKE WORTH, FL 334612799 LAKE WORTH, FL 334612799 US

FEI Number: 59-1109353 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:

CHENNELL, KENNETH W PRES BOER, ROBERT C PRES 3858 MACKINAC RD 2704 PARK DR LANTANA, FL 33462 US LANTANA, FL 33462 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: ROBERT C. BOER 04/24/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition BOER, ROBERT C LAUBSCHER, LANE Name: Name: 3858 MACKINAC RD Address: 5926 TRIPHAMMER RD Address: LANTANA, FL 33462 City-St-Zip: City-St-Zip: LAKE WORTH, FL 33463 Title: () Delete Title: () Change () Addition HAMILTON, FRANK J Name: Name: Address: 3120 LAKE OSBORNE DR #202 Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: Title: () Delete Title: () Change () Addition CHENNELL, JUSTIN Name: Name: Address: 2704 PARK DR Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HARDEN, JANÉ Name: Name: Address: 1405 S B ST Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title:

() Delete Title: (X) Change ( ) Addition

TIECHE, DAVID KING, GARFIELD Name: Name: 1441 HILLCREST 6806 ATHENA DR Address: Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: LAKE WORTH, FL 33463

Title: () Delete Title: () Change () Addition

DAVIS, MARYANN Name: Name: Address: 214 WEDGEWOOD CIRCLE Address: GREENACRES, FL 33463 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ROBERT C. BOER **PRES** 04/24/2007