

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90217 004 ****61.25

DOCUMENT # 754013

1. Corporation Name

LAKESIDE COMMUNITY CHURCH, INC.

Principal Place of Business

564 TARA FARMS RD.
DOCTOR'S INLET FL 32068

Mailing Address

1900 HOWELL BRANCH RD.
#5
WINTER PARK FL 32792
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/02/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2092739

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

25

Zip

Country

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTER A. ERIKSEN JR.
9624 LK DOUGLAS PLACE
ORLANDO FL 32817

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ERIKEN WALTER JR. A.
STREET ADDRESS 9624 LK DOUGLAS PLACE
CITY-ST-ZIP ORLANDO FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME BISHOP, AL
STREET ADDRESS 7041 PINE HOLLOW DR
CITY-ST-ZIP MOUNT DORA FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME KAISER, JOHN
STREET ADDRESS 3484 VALLEY CREEK DR
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME JOHNSON, CHRIS
STREET ADDRESS 2330 W. BERMUDA DR
CITY-ST-ZIP MIRAMAR FL 33023-3633

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME THOMPSON, NEAL
STREET ADDRESS 6510 NW PLACE
CITY-ST-ZIP GAINESVILLE FL 32605

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (11/98)