

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # 754013

1. Entity Name

LAKESIDE COMMUNITY CHURCH, INC.



Principal Place of Business

564 TARA FARMS RD.
DOCTOR'S INLET FL 32068

Mailing Address

546 TARA FARMS RD
MIDDLEBURG FL 32068
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2092739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURCHETT, WILLIAM G
4405 POLING BLVD,
APT 105-B
PENNEY FARMS FL 32079

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: VD
NAME: BURCHETT, G WILLIAM
STREET ADDRESS: 4405-B POLING BLVD
CITY-ST-ZIP: PENNEY FARMS FL 32079 ☐ Delete

TITLE: D
NAME: RUST, PETER A
STREET ADDRESS: 2503 ELBOW RD.
CITY-ST-ZIP: ORANGE PARK FL 32073 ☐ Delete

TITLE: ST
NAME: HANS, PATRICIA
STREET ADDRESS: 3368 WILDERNESS CIR.
CITY-ST-ZIP: MIDDLEBURG FL 32068 ☐ Delete

TITLE: D
NAME: GAHRING, DAVID
STREET ADDRESS: 1508 BAY HARBOR DR.
CITY-ST-ZIP: ORANGE PARK FL 32003 ☐ Delete

TITLE: PD
NAME: BOWEN, CRAIG D
STREET ADDRESS: 2156 GIN HOUSE DR.
CITY-ST-ZIP: MIDDLEBURG FL 32068 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 1100000226538
CITY-ST-ZIP: 02/12/05-60020-003 61.25

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 904-529-8180
Date Daytime Phone #