

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90411 043 \*\*\*\*61.25

**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**

**50008605**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006

Chg-NP

CR2E037 (11/05)

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T/D  
Mikell, Lee  
2285 Marsh Hawk Lane #14-208  
Orange Park, FL 32003 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Matthews, Tom  
2673 Primrose Circle  
Middleburg, FL 32068 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Hans, Patricia ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Trowbridge, Alan  
335 Cottonwood Lane  
Orange Park, FL 32073 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Larson, Alfred  
4195 Lewis Avenue  
Penney Farms, FL 32079 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

*William G. Burchett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2006

904-529-8180

Date

Daytime Phone #