

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90374 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**

40034482



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2092739

Applied For
Not Applicable

Zip

Country

Zip

Country

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

William Burchett

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, 2007**

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

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

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

TITLE **D** ☐ Delete
NAME **TROWBRIDGE, ALAN**
STREET ADDRESS **335 COTTONWOOD LANE**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

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

TITLE **TD** ☐ Delete
NAME **MIKELL, LEE**
STREET ADDRESS **2285 MARSH HAWK LN., #14-208**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Trowbridge, Alan** ☒ Change ☐ Addition
NAME **1314 Bear Run Blvd.**
STREET ADDRESS **Orange Park, FL 32065**
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Nett, Paul**
STREET ADDRESS **1790 Dartmouth Dr.**
CITY-ST-ZIP **Middleburg, FL 32068**

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

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

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

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

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:

Craig Bowen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-07 904-272-3302

Date

Daytime Phone #