

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90047 047 ****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**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132008 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

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, 2008**

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

TITLE **TD** ☒ Change ☐ Addition
NAME **Mikell, Lee**
STREET ADDRESS **2792 Greenridge Road**
CITY-ST-ZIP **Orange Park, FL 32073**

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

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **Albright, Mark**
STREET ADDRESS **4524 Chipmunk Road**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **D** ☒ Delete
NAME **TROWBRIDGE, ALAN**
STREET ADDRESS **1314 BEAR RUN BLVD.**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **D** ☐ Change ☒ Addition
NAME **Coleman, Cam**
STREET ADDRESS **1322 Rushing Drive**
CITY-ST-ZIP **Orange Park, FL 32065**

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-08

(904)
272-3302