

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90729 003 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**SOHM, MARCUS  
1316 THROWLER ROAD  
GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name  
**G. William Burchett**  
Street Address (P.O. Box Number is Not Acceptable)  
**4405 Poling Blvd.**  
**Apt 105-B**  
City  
**Penney Farms,** FL Zip Code  
**32079**

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 **VD G. William Burchett**

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

(NOTE: Registered Agent signature required when reinstating)

**2/11/03**  
DATE

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CLARK, ROBERT 1980 TIMUCUA TRAIL MIDDLEBURG FL 32068</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BURCHETT, G WILLIAM 4405-B POLING BLVD PENNEY FARMS FL 32079</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SOHM, MARCUS 1316 THROWER ROAD GREEN COVE SPRINGS FL 32043</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ATKINSON, LORI 2296 DAISY MIDDLEBURG FL 32068</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GAHRING, DAVID 1500 QUAILWOOD CT ORANGE PARK FL 32073</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Clark, Robert 3495 Hoffman Street, Apt.H-21 Penney Farms, FL 32079</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Bowen, Craig D. 2156 Gin House Drive Middleburg, FL 32068</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Rust, Peter A. 2503 Elbow Road Orange Park, FL 32073</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Mans, Patricia 3368 Wilderness Circle Middleburg, FL 32068</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Gahring, David 1508 Bar Harbor Drive Orange Park, FL 32003</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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 REQUIRED** **Craig D. Bowen** **2-20-03** **904/272-3302**