


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90022 046 ****61.25

DOCUMENT # 770242 1. Entity Name LAKE SQUARE PRESBYTERIAN CHURCH, INC.					
Principal Place of Business 10200 MORNINGSDRIVE LEESBURG, FL 34788			Mailing Address 10200 MORNINGSDRIVE LEESBURG, FL 34788		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2364778	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HULSEY, STEPHEN A DR 3225 INDIAN TRAIL EUSTIS, FL 32726				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, NELLA		NAME	Levy, Milton	
STREET ADDRESS	10200 MORNINGSDRIVE		STREET ADDRESS	10200 Morningside Dr.	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Leesburg FL 34788	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYERS, BARBARA		NAME	Dillon, Normand	
STREET ADDRESS	10200 MORNINGSDRIVE		STREET ADDRESS	10200 Morningside Dr.	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Leesburg FL 34788	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, MILTON		NAME	Chasm, Betty	
STREET ADDRESS	10200 MORNINGSDRIVE		STREET ADDRESS	10200 Morningside Dr.	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Leesburg FL 34788	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLON, NORMAN		NAME	Simpson, Randy	
STREET ADDRESS	10200 MORNINGSDRIVE		STREET ADDRESS	10200 Morningside Dr.	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Leesburg FL 34788	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHASM, BETTY		NAME	Zimmerman, Ed	
STREET ADDRESS	10200 MORNINGSDRIVE		STREET ADDRESS	10200 Morningside Dr.	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Leesburg FL 34788	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMPSON, RANDY		NAME	Long, Berry	
STREET ADDRESS	10200 MORNINGSDRIVE		STREET ADDRESS	10200 Morningside Dr.	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Leesburg FL 34788	
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: <i>Milton Levy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/23/06 352-128-1620 <small>Date Daytime Phone #</small>		