

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2008 8:00 am**  
**Secretary of State**

07-18-2008 90014 007 \*\*\*\*70.00

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<b>DOCUMENT # 770242</b> 1. Entity Name <b>LAKE SQUARE PRESBYTERIAN CHURCH, INC.</b>					
Principal Place of Business 10200 MORNINGSID DRIVE LEESBURG, FL 34788 - 3685			Mailing Address 10200 MORNINGSID DRIVE LEESBURG, FL 34788 - 3685		
2. Principal Place of Business - No P.O. Box #		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 checked="" type="checkbox"/> \$8.75 Additional Fee Required				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 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 7/10/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, TIM		NAME		
STREET ADDRESS	10200 MORNINGSID DR		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITTERMAIER, BARBARA		NAME	VD Kopplin, Bethanne	
STREET ADDRESS	10200 MORNINGSID DR		STREET ADDRESS	10200 Morningside Dr	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOPPLIN, BETHANNE		NAME	SD Long, Barry	
STREET ADDRESS	10200 MORNINGSID DR		STREET ADDRESS	10200 Morningside Dr	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, BARRY		NAME	TD O'Brien, Jean	
STREET ADDRESS	10200 MORNINGSID DR		STREET ADDRESS	10200 Morningside Dr	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UMSTEAD, JACK		NAME	D Miller, Caryl	
STREET ADDRESS	10200 MORNINGSID DR		STREET ADDRESS	10200 Morningside Dr	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZIMMERMAN, ED		NAME	D Patterson, Brian	
STREET ADDRESS	10200 MORNINGSID DR		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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 7/10/08 <small>Daytime Phone # 352-721-7620</small>		