

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90004 013 ****61.25

DOCUMENT # N00000003681

1. Entity Name
LAKE SHORE CHURCH OF CHRIST, INC.



Principal Place of Business
**2121 BLANDING BLVD
JACKSONVILLE, FL 32210**

Mailing Address
**2121 BLANDING BLVD
JACKSONVILLE, FL 32210**

50026688



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 61453

Suite, Apt. #, etc.

P.O. Box 61453

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32236

Country

Duval

Zip

32236

Country

Duval

08102006

Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2356293

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

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 September 6, 2006**

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 **D** ☐ Delete
NAME **CREWS, DONALD**
STREET ADDRESS **4749 COLLEGE STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE **D** ☐ Delete
NAME **CARTER, JOE**
STREET ADDRESS **350 BIRCH STREET**
CITY-ST-ZIP **MACCLENNY, FL 32063**

TITLE **D** ☒ Delete
NAME **HYDE, KEVIN E**
STREET ADDRESS **200 LAURA STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **D Hyde, Kevin E.**
STREET ADDRESS **One Independent Square, Suite 1300**
CITY-ST-ZIP **Jacksonville, FL 32202**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/06

Date

Daytime Phone #