FILED
Mar 16, 2007 8:00 am
Secretary of State
02-05-2007 90102 028 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003681

1. Entity Name
LAKESHORE CHURCH OF CHRIST, INC.

2. Principal Place of Business
PO BOX 61453
JACKSONVILLE, FL 32236

Mailing Address
PO BOX 61453
JACKSONVILLE, FL 32236

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

3. New Mailing Address
PO Box 61453

St./Rte./Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

Zip/Zip
32236

Country
DUVAL

Zip
32286

Country
DUVAL

01302007 Chg-NP CR2E037 (12/06)

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

FRASCO CORP.
ONE INDEPENDENT DRIVE
SUITE 3200
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, agent 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, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CREWS, DONALD 4749 COLLEGE STREET JACKSONVILLE, FL 32205 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ted Doss III 1820 BROADHAVEN DR TREAS Middleburg, FL 32068 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, JOE 350 BIRCH STREET MACCLENNY, FL 32063 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ayres Turpin Asst 543 Quinville Terrace TREAS Jacksonville, FL 32221 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HYDE, KEVIN E Elder ONE INDEPENDENT SQ SUITE 1300 JACKSONVILLE, FL 32202 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jon R Ferguson 1278 Wolfe St Elder Jacksonville, FL 32205-8306 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Jon R Ferguson Jon R Ferguson 1/30/07 904 388-8959
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #