## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000003681

FILED Feb 10, 2008 Secretary of State

Entity Name: LAKESHORE CHURCH OF CHRIST, INC.

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 61453 1796 OLD MIDDLEBURG ROAD NORTH JACKSONVILLE, FL 32236 JACKSONVILLE, FL 32210 **Current Mailing Address: New Mailing Address:** 1796 OLD MIDDLEBURG ROAD NORTH PO BOX 61453 JACKSONVILLE, FL 32236 JACKSONVILLE, FL 32210 FEI Number: 59-2356293 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: F&L CORP ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DOSS, II, TED Name: Name: Address: 1820 BROADHAVEN DR Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: TURPIN, AYRES Name: Address: 543 QUINVILLE TERRACE Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: Title: () Delete Title: () Change () Addition HYDE, KEVIN E Name: Name: ONE INDEPENDENT SQ SUITE 1300 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: ( ) Delete Title: F Title: () Change () Addition Name: FERGUSON, JON R Name: Address: 1278 WOLFE ST Address: City-St-Zip: JACKSONVILLE, FL 322058306 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN E. HYDE DIRE 02/10/2008