2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N01000005668

Entity Name: LAKESIDE FELLOWSHIP UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

305 S ORANGE BLVD
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

305 S ORANGE BLVD
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3743236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARRIER, MIKE
854 WOODBRIAR LOOP
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Title: CD ( ) Delete
Name: SILVER, TOBBY
Address: 2003 BLOOMSBURY RUN
City-St-Zip: LAKE MARY, FL 32746

Title: VCD ( ) Delete
Name: BROWN, SCOTT
Address: 717 TIMACUAN BLVD.
City-St-Zip: LAKE MARY, FL 32746

Title: TD ( ) Delete
Name: CARRIER, MIKE
Address: 854 WOOD BRIAR LOOP
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete
Name: MILLER, KATHY
Address: 5211 BRENWOOD
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: BARNETT, LAMAR
Address: 348 BUTTONWOOD WAY
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: LAMAR BARNETT CD 04/15/2009

Electronic Signature of Signing Officer or Director — Date