2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 29, 2007
Secretary of State

DOCUMENT# N03528

Entity Name: LAKEVIEW PRESBYTERIAN CHURCH OF ST. PETERSBURG, FLORIDA, INC.

Current Principal Place of Business:

1310 22 AVENUE SOUTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1310 22 AVENUE SOUTH
ST. PETERSBURG, FL 33705

New Mailing Address:

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

Name and Address of Current Registered Agent:

SUTTON, TODD W
5399 ALHAMBRA WAY SOUTH
SAINT PETERSBURG, FL 33712 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: VD ( ) Delete
Name: MCKNIGHT, STEPHANE
Address: 766 13TH AVE S
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VP ( ) Delete
Name: RAWSON, EDWARD
Address: 110 59TH AVE S.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: TD ( ) Delete
Name: RAWSON, KATHRYN
Address: 110 59TH AVE S.
City-St-Zip: SAINT PETERSBURG, FL 337055412

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: EL ( ) Change (X) Addition
Name: BATES, VIOLA
Address: 1520 26TH AVE S
City-St-Zip: ST PETERSBURG, FL 33705

Title: EL ( ) Change (X) Addition
Name: HOFF, WILMA
Address: 4895 BAY STREET NE #307
City-St-Zip: ST PETERSBURG, FL 33703

Title: EL ( ) Change (X) Addition
Name: COX, ANNE
Address: 2135 ANASTASIA WAY S
City-St-Zip: ST PETERSBURG, FL 33712

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: KATHRYN RAWSON TD 08/29/2007

Electronic Signature of Signing Officer or Director Date