

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90049 032 ****61.25



DOCUMENT # N03528

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

Principal Place of Business
 1310 22 AVENUE SOUTH
 ST. PETERSBURG, FL 33705

Mailing Address
 1310 22 AVENUE SOUTH
 ST. PETERSBURG, FL 33705



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

3. Mailing Address

02262008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

City & State

City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUTTON, TODD W
5399 ALHAMBRA WAY SOUTH
SAINT PETERSBURG, FL 33712

Name
SAME

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]

TODD W. SUTTON

2-27-08

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 May 1, 2008

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 **VD** Delete
MCKNIGHT, STEPHANE
 STREET ADDRESS **766 13TH AVE S**
 CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

TITLE
 NAME **Elder** Change Addition
Turner, Mary
 STREET ADDRESS **1867 54th Ave S.**
 CITY-ST-ZIP **St. Petersburg, FL 33712**

TITLE
 NAME **VP** Delete
RAWSON, EDWARD
 STREET ADDRESS **110 59TH AVE S.**
 CITY-ST-ZIP **SAINT PETERSBURG, FL 33705**

TITLE
 NAME **Elder** Change Addition
Rawson, Edward
 STREET ADDRESS **110 59th Ave S.**
 CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE
 NAME **TD** Delete
RAWSON, KATHRYN
 STREET ADDRESS **110 59TH AVE S.**
 CITY-ST-ZIP **SAINT PETERSBURG, FL 337055412**

TITLE
 NAME **Elder** Change Addition
Rawson, Kathryn
 STREET ADDRESS **110 59th Ave S.**
 CITY-ST-ZIP **St. Petersburg FL 33705**

TITLE
 NAME **EL** Delete
BATES, VIOLA
 STREET ADDRESS **1520 26TH AVE S**
 CITY-ST-ZIP **ST PETERSBURG, FL 33705**

TITLE
 NAME **VP** Change Addition
Bill Maddox
 STREET ADDRESS **2580 Bayside Drive S.**
 CITY-ST-ZIP **St. Petersburg FL 33705**

TITLE
 NAME **EL** Delete
HOFF, WILMA
 STREET ADDRESS **4895 BAY STREET NE #307**
 CITY-ST-ZIP **ST PETERSBURG, FL 33703**

TITLE
 NAME Change Addition

TITLE
 NAME **EL** Delete
COX, ANNE
 STREET ADDRESS **2135 ANASTASIA WAY S**
 CITY-ST-ZIP **ST PETERSBURG, FL 33712**

TITLE
 NAME **TD** Change Addition
Cox Anne
 STREET ADDRESS **2135 Anastasia Way S.**
 CITY-ST-ZIP **St. Petersburg, FL 33712**

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]

2-27-08

727-822-0764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #