2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N07000005176



Principal Place of Business 1897 SUNSET POINT ROAD CLEARWATER, FL 33765

LAKÉSIDE CHRISTIAN SCHOOL, INC.

Mailing Address 1897 SUNSET POINT ROAD CLEARWATER, FL 33765

FILED Apr 14, 2008 8:00 am Secretary of State

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2. Principal Place of Business - No P.O. Box # 3			3. Mailing Address) - Y TOURNOL BUT BOWN TOUR BOWN BOWN BOWN BOWN BUT USED HIGH BUT					
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				03272008	Chg-NP	CR2E	(12/06)		
City & State			City & State				4. FEI Numbe	546595	50	⊢	plied For t Applicable	
Zip	Country	Zip	Zip Cou				5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Curren	d Agent				7. Name and Address of New Registered Agent						
ICHIOCH III					Name							
JENSEN, JIM 1897 SUNSET POINT ROAD					Street Address (P.O. Box Number is Not Acceptable)							
CLEARWATER, FL 33765												
					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.												
200117-17-												
SIGNATURE Signature, lyoed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
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Filing Fee is \$61.25 Due by May 1, 2008			 Election Campaign Finance Trust Fund Contribution. 			_ 40.00 ((10))				check payable to Department of State		
10. OFFICERS AND DIRECTORS								NOTO TO OF		as 4 julya ja	*	
TITLE	D OFFICERS AND D	IRECTORS	☐ Delete	TITLE			roditions/cha			☐ Change	10 Addition	
NAME	JENSEN, JIM		□ Delete	NAME			Trosen		14	☐ mande	E MOURIUM	
STREET ADDRESS	3212 SAN MATEO STREET				ADDRESS	706	7 5015e	+ Point	Rd.			
CITY-ST-ZIP	CLEARWATER, FL 33759	RWATER, FL 33759 · CI		CITY-ST			arwater					
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NAME	SHARBAUGH, CURT			NAME	İ	Ben	KreloŦŦ			_		
STREET ADDRESS	1660 GREENLEA DRIVE					334	3 Masta	$Q \mathcal{D} U_{\mathcal{N}}$	<u>e</u>			
CITY-ST-ZIP	CLEARWATER, FL 33755	ARWATER, FL 33755		CITY-ST	-ZIP	<u>Cle</u>	arwater	, PL 3	3761			
TITLE	D		☐ Delete	TITLE		^ \				Change	₩Addition	
NAME STREET ADORESS	KING, M. SPENCER JR. 1736 TOWNSEND STREET			NAME		Rigg	g white 6 Warw		/1/ 0			
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STREET ADDRESS					ADDRESS	740	hard B	asmaa	1011 E			
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STREET ADDRESS					ADDRESS	180	1 Sharor	rdale D	deine			
CITY+\$1-ZIP				CITY-ST	- ZIP	Cle	anvate	, FL.	33755			
TITLE			☐ Delete	TITLE				•		☐ Change	☐ Addition	
NAME STREET ADORESS				NAME	*UDDCCC							
CITY-ST-ZIP				CITY-ST	ADDRESS							
JATE OF ER				0111-31	¢11							

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:

Jim Jensen SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-461-33/