

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N12977

1. Entity Name

LAKE CITY CHRISTIAN CHURCH, INC.



Principal Place of Business

BRANFORD HIGHWAY
2400 SW SR 247
LAKE CITY FL 32024

Mailing Address

241 S.W. MARYLAND LANE
LAKE CITY FL 32025



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2701604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

COWEN, CHARLES D.
241 SW MARYLAND LN
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SAMPSON, JOE
CITY- ST- ZIP 22288 45TH DRIVE
LAKE CITY FL

TITLE ☐ Delete
NAME D
STREET ADDRESS ASHBY, DON
CITY- ST- ZIP 225 S.E. MOHAWK WAY
LAKE CITY FL 32025

TITLE ☐ Delete
NAME P
STREET ADDRESS COWEN, CHARLES DAVID
CITY- ST- ZIP 241 S.W. MARYLAND LANE
LAKE CITY FL 32025

TITLE ☐ Delete
NAME D
STREET ADDRESS SAMPSON, JOSEPH JR
CITY- ST- ZIP 22289 45TH DRIVE
LAKE CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000427885
CITY- ST- ZIP 02/21/06-80024-016 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Charles D. Cowen

2/5/06