2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33284

FILED Mar 23, 2009 Secretary of State

Entity Name: LAKEWOOD PRESBYTERIAN CHURCH

Current Principal Place of Business: New Principal Place of Business: 2001 UNIVERSITY BLVD W JACKSONVILLE, FL 32217 **Current Mailing Address: New Mailing Address:** 2001 UNIVERSITY BLVD W JACKSONVILLE, FL 32217 FEI Number: 59-6002735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, JR., WILLIAM E 4340 KINCARDINE DRIVE JACKSONVILLE, FL 32257 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILSON, JR., WILLIAM E Name: Name: 4340 KINCARDINE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BURNS, DANIEL S Name: WATSON, AMY A Address: 3720 QUINBY ISLAND COURT Address: 10550 BAYMEADOWS RD. UNIT 424 City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32256 Title: () Delete Title: () Change () Addition WALKER, DODIE M Name: Name: 11626 EDGEMERE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: () Delete Title: Title: () Change () Addition SHEFFIELD, DAVID H Name: Name: Address: 4348 KINCARDINE DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: () Change () Addition CHRISMAN, PAUL Name: Name: 9156 BARNSTAPLE LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: (X) Change () Addition GRAHAM, CYNTHIA HALLETT, FRANCES Name: Name: Address: 6804 LINFORD LANE Address: 3756 HILLIARD RD. JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 City-St-Zip: 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: WILLIAM E. WILSON, JR. PTE 03/23/2009