


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90033 049 \*\*\*\*61.25

<b>DOCUMENT # N47419</b> 1. Entity Name <b>LAKE STREET CHURCH OF CHRIST, INC.</b>	
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Principal Place of Business <b>345 SE LAKE ST STUART, FL 33494 US</b>	Mailing Address <b>PO BOX 198 STUART, FL 34995</b>
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03112008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3008723</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MCFADDEN, HENRY NDAVID 1882 SE WEXFORD COURT PORT SAINT LUCIE, FL 34952</b>
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**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) 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**

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>MCFADDEN, HENRY 1537 SE FAULTY CT PT ST LUCIE, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>GREEN, LEON 5695 SE GREEN LN STUART, FL 34997</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <b>ALBERTS, BRINKLEY L 815 CENTRAL AVE STUART, FL 34994</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>THOMAS SR, JOHNNY E 1650 SE FAULTY CT 1926 SE Hillmoor PORT SAINT LUCIE, FL 34952 DR. Apt. 127</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Henry MCFadden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08 772-287-9532  
Date Daytime Phone #