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Feb 15, 1999 8:00am
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02-15-1999 90004 032 *****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000001198

1. Corporation Name

LAKE SIDE PRESBYTERIAN CHURCH U.S.A., INC.

Principal Place of Business

505 EAST LAKE RD N
 TARPON SPRINGS FL 34689
 US

Mailing Address

505 EAST LAKE RD N
 TARPON SPRINGS FL 34689
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

03/13/1995

4. FEI Number

59-3306197

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, PEYTON
 505 EAST LAKE RD N
 TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP DELETE
 NAME KOCH, JAMES
 STREET ADDRESS 3226 CRESCENT OAKS BLVD.
 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE DS DELETE
 NAME MCBEE, ROBERT
 STREET ADDRESS 3167 EDGEMOORE DR.
 CITY-ST-ZIP PALM HARBOR FL 34685

TITLE DT DELETE
 NAME BOIS, HOMER
 STREET ADDRESS 1243 MARAVISTA DR
 CITY-ST-ZIP NEW PORT RICHEY FL

TITLE DVP DELETE
 NAME STEWART, CHARLES
 STREET ADDRESS 4051 EAGLE COVE DR EAST
 CITY-ST-ZIP PALM HARBOR FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WICHARD BOIS 1/22/99 (727) 372-6798
 Date Daytime Phone #

CR2E07 (11/98)