

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000001198

FILED  
Mar 15, 2003  
Secretary of State

Entity Name: LAKESIDE PRESBYTERIAN CHURCH U.S.A., INC.

## Current Principal Place of Business:

505 EAST LAKE RD N  
TARPON SPRINGS, FL 34689 US

## New Principal Place of Business:

## Current Mailing Address:

505 EAST LAKE RD N  
TARPON SPRINGS, FL 34689 US

## New Mailing Address:

FEI Number: 59-3306197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: GATES, DOUGLAS  
Address: 3973 MIMOSA PLACE  
City-St-Zip: PALM HARBOR, FL 34685

Title: SD ( ) Delete  
Name: HAYNES, JEAN  
Address: 3884 NOTTINGHAM DR.  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TD ( ) Delete  
Name: WADDLE, THOMAS  
Address: 7246 HUMMINGBIRD LANE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DVP ( ) Delete  
Name: STEWART, CINDY  
Address: 4526 SERENITY TRAIL  
City-St-Zip: PALM HARBOR, FL 34685

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: HYLER, PAULA  
Address: 789 CHESAPEAKE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: HAWKINSON, LINDA  
Address: 5509 OAKRIDGE DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS GATES

PD

03/15/2003

Electronic Signature of Signing Officer or Director

Date