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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711902** (7)

1. Corporation Name

LAKESIDE BAPTIST CHURCH OF PAHOKEE, INC.



Principal Place of Business 3055 BACOM POINT ROAD P.O. BOX 694 PAHOKEE FL 33476	Mailing Address 3055 BACOM POINT ROAD P.O. BOX 694 PAHOKEE FL 33476
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3. Date Incorporated or Qualified

12/02/1966

4. FEI Number

59-2163400

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURROUGHS, GARY
338 CYPRESS AVE
PAHOKEE FL 33476**

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

Gary C. Burroughs *GARY C. Burroughs*

2/8/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAYNOR, JOHN H	
STREET ADDRESS	1143 NE 25TH ST.	
CITY-ST-ZIP	BELLE GLADE FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURROUGHS, GARY	
STREET ADDRESS	338 CYPRESS AVE	
CITY-ST-ZIP	PAHOKEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCRUGGS, ARNOLD J	
STREET ADDRESS	US HWY 441	
CITY-ST-ZIP	PT MAYACA FL	

TITLE	M	<input type="checkbox"/> DELETE
NAME	HINES, HENRY B	
STREET ADDRESS	2519 SW 14TH TERRACE	
CITY-ST-ZIP	PAHOKEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGGINS, ASA	
STREET ADDRESS	1741 SE AVE "K"	
CITY-ST-ZIP	BELLE GLADE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	CARNER, JR J O	
STREET ADDRESS	817 SE 1ST	
CITY-ST-ZIP	BELLE GLADE FL	

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.

SIGNATURE: *James D. Carner Jr* *JAMES D. CARNER JR* *1-28-98* *561-996-5385*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (10/97)