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Apr 20, 1999 8:00 am
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04-20-1999 90093 041 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 711902

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/02/1966

4. FEI Number

59-2163400

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

BURROUGHS, GARY
338 CYPRESS AVE.
PAHOKEE, FL 33476

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

GARY C. BURROUGHS **GARY C. BURROUGHS**

1/4/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
RAYNOR, JOHN H
STREET ADDRESS **1143 NE 25TH ST.**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE ☐ DELETE

NAME **PD**
BURROUGHS, GARY
STREET ADDRESS **338 CYPRESS AVE**
CITY-ST-ZIP **PAHOKEE FL**

TITLE ☐ DELETE

NAME **D**
SCRUGGS, ARNOLD J
STREET ADDRESS **US HWY 441**
CITY-ST-ZIP **PT MAYACA FL**

TITLE ☐ DELETE

NAME **M**
HINES, HENRY B
STREET ADDRESS **2519 SW 14TH TERRACE**
CITY-ST-ZIP **PAHOKEE FL**

TITLE ☐ DELETE

NAME **D**
HUGGINS, ASA
STREET ADDRESS **1741 SE AVE "K"**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE ☐ DELETE

NAME **T**
CARNER, JR J O
STREET ADDRESS **817 SE 1ST**
CITY-ST-ZIP **BELLE GLADE FL**

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

1050 East Main St

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

148 Lexington Dr
Royal Palm Beach FL 33411

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:

GARY C. BURROUGHS **GARY C. BURROUGHS**

1/4/99

561-924-6176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)