

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711902

**FILED**  
**Jul 31, 2004**  
**Secretary of State****Entity Name:** LAKESIDE BAPTIST CHURCH OF PAHOKEE, INC.**Current Principal Place of Business:**3055 BACOM POINT ROAD  
P.O. BOX 694  
PAHOKEE, FL 33476**New Principal Place of Business:****Current Mailing Address:**3055 BACOM POINT ROAD  
P.O. BOX 694  
PAHOKEE, FL 33476**New Mailing Address:****FEI Number:** 59-2163400      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BURROUGHS, GARY  
338 CYPRESS AVE  
PAHOKEE, FL 33476      US**Name and Address of New Registered Agent:**HINES, HENRY B  
2519 SW 14TH TERRACE  
PAHOKEE, FL 33476      US

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: HENRY B. HINES

07/31/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DS      ( ) Delete  
**Name:** ANDERSEN, BRAD  
**Address:** 2519 SW14 TERRACE  
**City-St-Zip:** PAHOKEE, FL**Title:** PD      ( ) Delete  
**Name:** BURROUGHS, GARY  
**Address:** 1050 E MAIN ST  
**City-St-Zip:** PAHOKEE, FL**Title:** D      ( ) Delete  
**Name:** PEADEN, CURTIS  
**Address:** 2659 BAEOM POINT RD  
**City-St-Zip:** PAHOKEE, FL 33476**Title:** M      ( ) Delete  
**Name:** HINES, HENRY B  
**Address:** 2519 SW 14TH TERRACE  
**City-St-Zip:** PAHOKEE, FL**Title:** D      ( ) Delete  
**Name:** BARNETT, RICHARD  
**Address:** 142 CONNORS HWY  
**City-St-Zip:** CANAL POINT, FL 33438**Title:** T      ( ) Delete  
**Name:** RONGIONE, EDWARD  
**Address:** 18 NE AVE E  
**City-St-Zip:** BELLE GLADE, FL 33430**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DS      (X) Change ( ) Addition  
**Name:** ESPARZA, AMY  
**Address:** 239 BANYAN AVE.  
**City-St-Zip:** PAHOKEE, FL 33476**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T      (X) Change ( ) Addition  
**Name:** BARRY, BRIAN  
**Address:** 1668 SW COBALT ST.  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

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: HENRY B. HINES

M

07/31/2004

Electronic Signature of Signing Officer or Director

Date