2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90142 027 ****61.25

DOCUMENT # 706735

1. Entity Name

LAKESIDE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
1736 NEW JERSEY ROAD LAKELAND FL 33803	1736 NEW JERSEY ROAD LAKELAND FL 33803

140617

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1057948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEROUSE, CRAIG
1736 NEW JERSEY ROAD
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

~~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 X Craig A. Sherouse Craig Sherouse 4/2/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~JACKSON, MICHAEL~~ ~~5846 LK VICTORIA COVE~~ ~~LAKELAND FL 33813~~	☒ Delete	PD Frank Howes 5909 Deerflag Dr Lakeland, Fl 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVP~~ HOWES, FRANK 5909 DEERFLAG DR HAZEL GREEN WI 53811-207	☐ Delete	DVP MARK HIX 5219 Sligh Rd Lakeland, Fl 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HAKINS, RANDY 6501 CRESCENT LAKE DR LAKELAND FL 33813	☐ Delete	DS John Stancil 5998 Charloma Dr Lakeland Fl 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie Scheuchzer Financial Sec. 4/19/01 863 687 2294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #