2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

iment with an address, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 08, 2004 8:00 am Secretary of State **DOCUMENT #706735** 03-08-2004 90023 033 ****61.25 LAKÉSIDE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address OZDEOLIO 1736 NEW JERSEY ROAD 1736 NEW JERSEY ROAD LAKELAND, FL 33803 LAKELAND, FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292004 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 59-1057948 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Sherouse, crais Davis, Mon*ty* ess (P.O. Box 1736 NEW JERSEY ROAD Street Addres LAKELAND, FL 33803 SAME City Zip Code 8. 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. 1 am familiar with, and accept the obligations of regis ed agent. SIGNATURE name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to П Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change Addition JAMES HAHN 538 LAKE HOLLINGSWOOTH De BUESING, TONY NAME NAME STREET ADDRESS 4002 STONE HENGE STREET ADDRESS Likeland 74 33803 LAKELAND, FL 33860 CITY-SY-ZIP CITY-ST-2IP TITLE ☐ Change Addition TITLE Delete DEBATS, CHUCK DAVID ROW NAME NAME STREET ADDRESS 1413 NEWPORT AVE STREET ADDRESS 2239 No#INGhtm Rd CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-7IP teland 76 TITLE ☐ Change Addition TITLE Delete DAVID COBURN NAME GODDARD, DICK NAME 4727 Deter Rd STREET ADDRESS 4927 S. DEVONSHIRE AVE STREET ADDRESS 33813 LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED

Daytime Phone #