


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90023 033 ****61.25

DOCUMENT # 706735					
1. Entity Name LAKESIDE BAPTIST CHURCH, INC.					
Principal Place of Business 1736 NEW JERSEY ROAD LAKELAND, FL 33803		Mailing Address 1736 NEW JERSEY ROAD LAKELAND, FL 33803		01292004 Chg-NP CR2E037 (10/03) Applied For Not Applicable	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1057948	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHEROUSE, CRAIG DAVIS, MONTY 1736 NEW JERSEY ROAD LAKELAND, FL 33803				Name MONTY DAVIS Street Address (P.O. Box Number is Not Acceptable) SAME City Same FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Monty Davis</i>				DATE 2/23/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUESING, TONY		NAME	JAMES HAHN	
STREET ADDRESS	4002 STONE HENGE		STREET ADDRESS	538 Lake Hollingsworth Dr	
CITY-ST-ZIP	LAKELAND, FL 33860		CITY-ST-ZIP	Lakeland FL 33803	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBATS, CHUCK		NAME	DAVID ROW	
STREET ADDRESS	1413 NEWPORT AVE		STREET ADDRESS	2239 Nottingham Rd	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	Lakeland FL 33803	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODDARD, DICK		NAME	DAVID COBURN	
STREET ADDRESS	4927 S. DEVONSHIRE AVE		STREET ADDRESS	4727 Deter Rd	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i>				DATE 2/23/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					