


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90067 041 ****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 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| DAVIS, MONTPY 1736 NEW JERSEY ROAD LAKELAND, FL 33803 | | | | Name <u>Dean Rucker</u> | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | <u>6225 Quail Ridge DR.</u> | |
| | | | | City <u>LAKELAND</u> FL Zip Code <u>33813</u> | |
| 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 <u>Dean C. Rucker</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAHN, JAMES | | NAME | RANDY STINSON | |
| STREET ADDRESS | 538 LAKE HOLLINGSWORTH DR. | | STREET ADDRESS | 2611 Highlands Vue Ct | |
| CITY-ST-ZIP | LAKELAND, FL 33803 | | CITY-ST-ZIP | Lakeland, FL 33813 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete | TITLE | DS RANDY HASKINS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROW, DAVID | | NAME | 6501 Crescent Lake Dr | |
| STREET ADDRESS | 2239 NOTTINGHAM RD. | | STREET ADDRESS | Lakeland, FL 33813 | |
| CITY-ST-ZIP | LAKELAND, FL 33803 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COBURN, DAVID | | NAME | | |
| STREET ADDRESS | 4727 DETER RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33813 | | 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 | | |
| 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: <u>Connie Scheuchzer</u> <u>Connie Scheuchzer Financial Sec</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____ | | | | | |

