

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

MAY 1 1994
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Landra B. McArthur
Secretary of State
TALLAHASSEE, FLORIDA

DOCUMENT # 711902 (7)
LAKESIDE BAPTIST CHURCH OF PAHOKEE, INC.

Principal Place of Business: **3055 BACOM POINT ROAD, P.O. BOX 694, PAHOKEE FL 33476**
Mailing Address: **3055 BACOM POINT ROAD, P.O. BOX 694, PAHOKEE FL 33476**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **12/02/1966** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2163400** Applied For: Not Applicable:

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for a change of tax under S 185-032, Florida Statutes: Yes No

21. Principal Place of Business: **21** 26. Mailing Address: **26**

22. Suite, Apt #, etc: **22** 27. Suite, Apt # etc: **27**

23. City & State: **23** 28. City & State: **28**

24. Zip: **24** 25. Country: **25** 29. Zip: **29** 30. Country: **30**

9. Name and Address of Current Registered Agent
**REDISH, THOMAS L
HOUSE 18 BRYANT VILLAGE
BRYANT FL 33430**

10. Name and Address of New Registered Agent

81. Name: _____
82. Street Address (P O Box Number is Not Acceptable): _____
83. _____
84. City: _____ 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REDISH, THOMAS L
STREET ADDRESS	HOUSE 18 BRYANT VILLAGE
CITY, ST, ZIP	BYRANT FL
TITLE	D
NAME	BURRUGHS, GARY
STREET ADDRESS	338 CYPRESS AVE
CITY, ST, ZIP	PAHOKEE FL
TITLE	D
NAME	SCRUGGS, ARNOLD J
STREET ADDRESS	US HWY 441
CITY, ST, ZIP	PT MAYACA FL
TITLE	M
NAME	FORT, VERNON
STREET ADDRESS	2519 SW 14TH TERRACE
CITY, ST, ZIP	PAHOKEE FL
TITLE	D
NAME	HUGGINS, ASA
STREET ADDRESS	1741 SE AVE "K"
CITY, ST, ZIP	BELLE GLADE FL
TITLE	T
NAME	BURROUGHS, JEANNETTE L
STREET ADDRESS	338 CYPRESS AVE
CITY, ST, ZIP	PAHOKEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	M
43. STREET ADDRESS	Henry B. Hines
44. CITY, ST, ZIP	2519 SW 14th Terrace
	PAHOKEE, FL 33476
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	T
63. STREET ADDRESS	James O. Carver Jr
64. CITY, ST, ZIP	817 SE 1st St
	Belle Glade, FL 33430

14. I do hereby certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 110 07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **James O. Carver Jr** Treasurer **3-1-95** **407 996 5385**