

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711902 (7)
1. Corporation Name
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

3. Date Incorporated or Qualified: 12/02/1966
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2163400	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	30	Country	6	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REDISH, THOMAS L
HOUSE 18 BRYANT VILLAGE
BRYANT FL 33430

61 Name: GARY BURREGHS
62 Street Address (P.O. Box Number is Not Applicable): 338 CYPRESS AVE
63 City: PAHOKEE
64 City: PAHOKEE FL 85 Zip Code: 33476

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Gary Burreghs
Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/8/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD REDISH, THOMAS L HOUSE 18 BRYANT VILLAGE BYRANT FL	1.1 TITLE	D JOHN HENRY RAYNOR 1142 NE 25th St. Belle Glade, FL
NAME	BURREGHS, GARY	1.2 NAME	GARY BURREGHS
STREET ADDRESS	338 CYPRESS AVE	1.3 STREET ADDRESS	338 CYPRESS AVE
CITY-ST-ZIP	PAHOKEE FL	1.4 CITY-ST-ZIP	PAHOKEE, FL
TITLE	D	2.1 TITLE	
NAME	SCRUGGS, ARNOLD J	2.2 NAME	
STREET ADDRESS	US HWY 441	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT MAYACA FL	2.4 CITY-ST-ZIP	
TITLE	M	3.1 TITLE	
NAME	HINES, HENRY B	3.2 NAME	
STREET ADDRESS	2519 SW 14TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HUGGINS, ASA	4.2 NAME	
STREET ADDRESS	1741 SE AVE "K"	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	CARNER, JR J O	5.2 NAME	
STREET ADDRESS	817 SE 1ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gary Burreghs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/8/96

DAYTIME PHONE #: 407-924-5534

CR2E037 (12/95)