

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33476-06943. Date Incorporated or Qualified
12/02/19663a. Date of Last Report
04/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

4. FEI Number

59-2163400

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. 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

BURROUGHS, GARY
338 CYPRESS AVE
PAHOKEE FL 33476

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAYNOR, JOHN H	
STREET ADDRESS	1143 NE 25TH ST.	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURROUGHS, GARY	
STREET ADDRESS	338 CYPRESS AVE	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCRUGGS, ARNOLD J	
STREET ADDRESS	US HWY 441	
CITY-ST-ZIP	PT MAYACA FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	HINES, HENRY B	
STREET ADDRESS	2519 SW 14TH TERRACE	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGGINS, ASA	
STREET ADDRESS	1741 SE AVE "K"	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARNER, JR J O	
STREET ADDRESS	817 SE 1ST	
CITY-ST-ZIP	BELLE GLADE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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. Carnar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044491

CR2E037 (9/96)