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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA 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

3. Date Incorporated or Qualified: 12/02/1966  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
BURROUGHS, GARY  
338 CYPRESS AVE  
PAHOKEE FL 33476

10. Name and Address of New Registered Agent  
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: Gary C. Burroughs Date: 2/8/98

12. OFFICERS AND DIRECTORS

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 D. Carner, Jr. James D. Carner Jr 1-28-98 561-996-5385

CR2E037 (10/97)