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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711902

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/02/1966

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2163400

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

*Gary C. Burroughs* GARY C. BURROUGHS

1/4/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME D  
RAYNOR, JOHN H  
STREET ADDRESS 1143 NE 25TH ST.  
CITY-ST-ZIP BELLE GLADE FL

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE

NAME PD  
BURROUGHS, GARY  
STREET ADDRESS 338 CYPRESS AVE  
CITY-ST-ZIP PAHOKEE FL

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS 1050 East Main St  
2.4 CITY-ST-ZIP

TITLE  DELETE

NAME D  
SCRUGGS, ARNOLD J  
STREET ADDRESS US HWY 441  
CITY-ST-ZIP PT MAYACA FL

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE

NAME M  
HINES, HENRY B  
STREET ADDRESS 2519 SW 14TH TERRACE  
CITY-ST-ZIP PAHOKEE FL

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE

NAME D  
HUGGINS, ASA  
STREET ADDRESS 1741 SE AVE "K"  
CITY-ST-ZIP BELLE GLADE FL

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE

NAME T  
CARNER, JR J O  
STREET ADDRESS 817 SE 1ST  
CITY-ST-ZIP BELLE GLADE FL

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS 148 Lexington Dr  
6.4 CITY-ST-ZIP Royal Palm Beach FL 33411

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, with all other like empowered.

SIGNATURE:

*Gary C. Burroughs* SIGNATURE REQUIRED

1/4/99

561-924-6176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0046741