2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # 711902** 1. Entity Name 04-17-2000 90142 023 ****61.25 LAKESIDE BAPTIST CHURCH OF PAHOKEE, INC. Principal Place of Business Mailing Address 3055 BACOM POINT ROAD 3055 BACOM POINT ROAD AUU**4UU78** P.O. BOX 694 P.O. BOX 694 PAHOKEE FL 33476 PAHOKEE FL 33476-0694 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2163400 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BURROUGHS, GARY 338 CYPRESS AVE PAHOKEE FL 33476 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Addition ☐ Delete TITLE RAYNOR, JOHN H NAME NAME STREET ADDRESS STREET ADDRESS 1143 NE 25TH ST. CITY-ST-7IP CITY-ST-ZIP BELLE GLADE FL Addition ☐ Change PD ☐ Delete TITLE **BURROUGHS. GARY** NAME STREET ADDRESS STREET ADDRESS 1050 E MAIN ST CITY-ST-7IP CITY-ST-ZIP PAHOKEE FL Change ☐ Addition Delete TITLE curtis Peaden NAME SCRUGGS, ARNOLD J NAME 2659 Bacom Birt Rd. STREET ADDRESS STREET ADDRESS **US HWY 441** CITY-ST-ZIP CITY-ST-ZIP PT MAYACA FL ☐ Addition ☐ Delete TITLE Change M NAME HINES, HENRY B NAME STREET ADDRESS STREET ADDRESS 2519 SW 14TH TERRACE CITY-ST-7IP CITY-ST-ZIP PAHOKEE FL Change Addition TITLE TITLE Delete lichard Barnett NAME NAME HUGGINS, ASA STREET ADDRESS STREET ADDRESS 42 Connors Hwy 1741 SE AVE "K" CITY-ST-7IP CITY-ST-ZIP BELLE GLADE FL Addition Delete ☐ Change TITLE TITLE NAME Rongione, Edward CARNER, JR J O NAME STREET ADDRESS STREET ADDRESS 817 SE 1ST 18 NE Ave. E 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GARY C. Burroughs 4/10/00 561-924-2424 SIGNATURE: