

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90142 023 ****61.25

DOCUMENT # 711902

1. Entity 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 33476-0694

A0040078



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2163400

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURROUGHS, GARY
338 CYPRESS AVE
PAHOKEE FL 33476

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

GARY C. Burroughs

(NOTE: Registered Agent signature required when reinstating)

4/10/00
 DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. 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	1050 E MAIN ST	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	D	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	HUGGINS, ASA	
STREET ADDRESS	1741 SE AVE "K"	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CARNER, JR J O	
STREET ADDRESS	817 SE 1ST	
CITY-ST-ZIP	BELLE GLADE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtis Peadar	
STREET ADDRESS	2659 Bacom Point Rd.	
CITY-ST-ZIP	Pahokee, FL 33476	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Barnett	
STREET ADDRESS	142 Connors Hwy.	
CITY-ST-ZIP	Canal Point, FL 33438	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rongione, Edward	
STREET ADDRESS	18 NE Ave. E	
CITY-ST-ZIP	Belle Glade, FL 33430	

12. 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 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.

SIGNATURE:

Gary C. Burroughs
 SIGNATURE REQUIRED

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