

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

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 checked="" 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 type="checkbox"/> Delete
NAME	PEADEN, CURTIS	
STREET ADDRESS	2659 BAEOM POINT RD	
CITY-ST-ZIP	PAHOKEE FL 33476	
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	BARNETT, RICHARD	
STREET ADDRESS	142 CONNORS HWY	
CITY-ST-ZIP	CANAL POINT FL 33438	
TITLE	T	<input type="checkbox"/> Delete
NAME	RONGIONE, EDWARD	
STREET ADDRESS	18 NE AVE E	
CITY-ST-ZIP	BELLE GLADE FL 33430	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brad Anderson	
STREET ADDRESS	2519 SW 14th Terrace	
CITY-ST-ZIP	PAHOKEE, FL	
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		<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		

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 Burroughs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90459 041 ****61.25



DO NOT WRITE IN THIS SPACE

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