## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#711902**

FILED Jan 14, 2005 Secretary of State

Entity Name: LAKESIDE BAPTIST CHURCH OF PAHOKEE, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
P.O. BOX 6	OM POINT RO. 594 , FL 33476	AD			
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX 6	OM POINT RO. 594 , FL 33476	AD			
FEI Number:	59-2163400	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
PAHOKEE, The above	4TH TERRAC , FL 33476 named entity s	US	urpose of changing i	ts registered office or registered agent, or both,	
in the State					
SIGNATUR		ic Signature of Registered Age	nt	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DS () ESPARZA, AMY 239 BANYAN AV PAHOKEE, FL	/E.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () BURROUGHS, 0 1050 E MAIN S' PAHOKEE, FL		Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition BURROUGHS, GARY 3 LAKESIDE CIRCLE PAHOKEE, FL 33476	
Title: Name: Address: City-St-Zip:	D () PEADEN, CURT 2659 BAEOM P PAHOKEE, FL	OINT RD	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition PEADEN, CURTIS 2659 BACOM POINT RD PAHOKEE, FL 33476	
Title: Name: Address: City-St-Zip:	M () HINES, HENRY 2519 SW 14TH PAHOKEE, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () BARNETT, RICH 142 CONNORS CANAL POINT,	HWY	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition BARNETT, RICHARD 1221 BACOM POINT ROAD PAHOKEE, FL 33476	
Title: Name: Address: City-St-Zip:	T () BARRY, BRIAN 1668 SW COBA PORT ST. LUCI		Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition BARRY, BRIAN 38641 4TH STREET CANAL POINT, FL 33438	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY B HINES M 01/14/2005