

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2006  
Secretary of State**

DOCUMENT# 711902

Entity Name: LAKESIDE BAPTIST CHURCH OF PAHOKEE, INC.

**Current Principal Place of Business:**

3055 BACOM POINT ROAD  
P.O. BOX 694  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**Current Mailing Address:**

3055 BACOM POINT ROAD  
P.O. BOX 694  
PAHOKEE, FL 33476

**New Mailing Address:**

FEI Number: 59-2163400      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HINES, HENRY B  
2519 SW 14TH TERRACE  
PAHOKEE, FL 33476      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DS      ( ) Delete  
Name: ESPARZA, AMY  
Address: 239 BANYAN AVE.  
City-St-Zip: PAHOKEE, FL 33476

Title: PD      ( ) Delete  
Name: BURROUGHS, GARY  
Address: 3 LAKESIDE CIRCLE  
City-St-Zip: PAHOKEE, FL 33476

Title: D      ( ) Delete  
Name: PEADEN, CURTIS  
Address: 2659 BACOM POINT RD  
City-St-Zip: PAHOKEE, FL 33476

Title: M      ( ) Delete  
Name: HINES, HENRY B  
Address: 2519 SW 14TH TERRACE  
City-St-Zip: PAHOKEE, FL

Title: VP      ( ) Delete  
Name: BARNETT, RICHARD  
Address: 1221 BACOM POINT ROAD  
City-St-Zip: PAHOKEE, FL 33476

Title: T      ( ) Delete  
Name: BARRY, BRIAN  
Address: 38641 4TH STREET  
City-St-Zip: CANAL POINT, FL 33438

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 HINES

M

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date