

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711902

FILED
Mar 04, 2008
Secretary of State

Entity Name: LAKESIDE BAPTIST CHURCH OF PAHOKEE, INC.

Current Principal Place of Business:

3055 BACOM POINT ROAD
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

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: WALKER, JASON R
Address: 1473 ART LAWERENCE
City-St-Zip: CLEWISTON, FL 33440

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: ESPARZA, AMY
Address: 614A COVENANT DRIVE
City-St-Zip: BELLE GLADE, FL 33430

Title: PD (X) Change () Addition
Name: BURROUGHS, GARY
Address: 655 TAMMY ROAD
City-St-Zip: CLEWISTON, FL 33440

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 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

03/04/2008

Electronic Signature of Signing Officer or Director

_____ Date