

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90193 007 ****61.25

0081699

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

4. FEI Number **59-2163400**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gary Burroughs
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **DS ANDERSEN, BRAD**
STREET ADDRESS **2519 SW14 TERRACE**
CITY-ST-ZIP **PAHOKEE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PD BURROUGHS, GARY**
STREET ADDRESS **1050 E MAIN ST**
CITY-ST-ZIP **PAHOKEE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D PEADEN, CURTIS**
STREET ADDRESS **2659 BAEOM POINT RD**
CITY-ST-ZIP **PAHOKEE FL 33476**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **M HINES, HENRY B**
STREET ADDRESS **2519 SW 14TH TERRACE**
CITY-ST-ZIP **PAHOKEE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D BARNETT, RICHARD**
STREET ADDRESS **142 CONNORS HWY**
CITY-ST-ZIP **CANAL POINT FL 33438**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T RONGIONE, EDWARD**
STREET ADDRESS **18 NE AVE E**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE Change 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

2/12/03 561-924-5534

CR2E037 (10/02)