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Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718142** (3)

1. Corporation Name

**LAKESIDE BAPTIST CHURCH OF ORLANDO, INC.**

Principal Place of Business

Mailing Address

**9635 BEAR LAKE RD  
APOPKA FL 32703**

**9635 BEAR LAKE RD  
APOPKA FL 32703**

3. Date Incorporated or Qualified

**04/03/1970**

4. FEI Number

**59-2426615**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PENNA, HOYLE  
5405 PITCH PINE  
ORLANDO FL 32811**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TC** ☒ DELETE  
NAME **MCGARTH, PATRICK**  
STREET ADDRESS **2807 E GREENACRE RD**  
CITY-ST-ZIP **ZELLWOOD FL**

TITLE **T** ☒ DELETE  
NAME **MASON, HAROLD**  
STREET ADDRESS **800 NICOLE BLVD.**  
CITY-ST-ZIP **OCFEE FL**

TITLE **T** ☐ DELETE  
NAME **KELLEHER, JERRY M**  
STREET ADDRESS **884 COOL SPRINGS CIRCLE**  
CITY-ST-ZIP **OCFEE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **TC**  
1.3 STREET ADDRESS **Penna, Hoyle**  
1.4 CITY-ST-ZIP **5405 Pitch Pine**  
**Orlando, FL 32811**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **T**  
2.3 STREET ADDRESS **Vaughn, Charles**  
2.4 CITY-ST-ZIP **1000 Douglas Ave, Apt. 124**  
**Altamonte Springs, FL 32714**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **T**  
3.3 STREET ADDRESS **Robin G. Bennett**  
3.4 CITY-ST-ZIP **2728 Ambrosia Ct.**  
**Apopka, FL 32703**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 (if changed, or on an attachment with an address.

SIGNATURE

**Robin G. Bennett**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-98**  
Date

**407-295-7445**  
Daytime Phone # 0012478

CR2E037 (10/97)