

FILE NOW: FILING FEE IS \$61.25

FILED  
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 <b>9635 BEAR LAKE RD APOPKA FL 32703</b>	Mailing Address <b>9635 BEAR LAKE RD APOPKA FL 32703</b>
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3. Date Incorporated or Qualified <b>04/03/1970</b>	
4. FEI Number <b>59-2426615</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PENNA, HOYLE  
5405 PITCH PINE  
ORLANDO FL 32811**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TC	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCGARTH, PATRICK</b>	
STREET ADDRESS	<b>2807 E GREENACRE RD</b>	
CITY-ST-ZIP	<b>ZELLWOOD FL</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>MASON, HAROLD</b>	
STREET ADDRESS	<b>600 NICOLE BLVD.</b>	
CITY-ST-ZIP	<b>OCOE FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>KELLEHER, JERRY M</b>	
STREET ADDRESS	<b>884 COOL SPRINGS CIRCLE</b>	
CITY-ST-ZIP	<b>OCOE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Penna, Hoyle</b>	
1.3 STREET ADDRESS	<b>5405 Pitch Pine</b>	
1.4 CITY-ST-ZIP	<b>Orlando, FL 32811</b>	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Vaughn, Charles</b>	
2.3 STREET ADDRESS	<b>1000 Douglas Ave, Apt. 124</b>	
2.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Robin G. Bennett</b>	
3.3 STREET ADDRESS	<b>2728 Ambrosia Ct.</b>	
3.4 CITY-ST-ZIP	<b>Apopka, FL 32703</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **Robin G. Bennett** 4-1-98 (407) 295-7445  
Date Daytime Phone # 0012478

CR2E037 (10/97)