

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

96 SEP 10 PM 1:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N47934** (7)  
 1. Corporation Name  
**LAKESIDE BIBLE CHURCH, INC.**



Principal Place of Business  
**10030 GUNN HIGHWAY  
 ODESSA FL 33556**

Mailing Address  
**18262 WAYNE RD  
 ODESSA FL 33556  
 US**

3. Date Incorporated or Qualified **03/16/1992** 3a. Date of Last Report **08/23/1995**  
 4. FEI Number **59-3119626** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
 21 **Same**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Odessa, Fl.**  
 Zip Country  
 24 **33556 Hillsborough**

9. Name and Address of Current Registered Agent  
**MULFORD, JOSEPH O.  
 18262 WAYNE RD  
 ODESSA FL 33556**

10. Name and Address of New Registered Agent  
 81 Name **Mulford, Joseph O.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **10030 Gunn Hwy**  
 83  
 84 City **Odessa** FL 85 Zip Code **33556**

*Address Change Only*

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 **Joseph O. Mulford** (NOTE: Registered Agent signature required when registering) **Joseph O. Mulford** Pastor President **9-5-96** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PCD	MULFORD, JOSEPH O. 18262 WAYNE ROAD ODESSA FL 33556	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
SD	MULFORD, MARGARET ALICE 18262 WAYNE ROAD ODESSA FL 33556	2.1 TITLE	2.2 NAME
D	LOGAN NOLAN 71 COLONY BEND SHREVEPORT LA 71115	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

*9-5-96*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Joseph O. Mulford** (NOTE: Registered Agent signature required when registering) **Mulford Pres. 9-5-96** 813-920-0411  
 Date Daytime Phone #