


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Aug 18 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47934 (7)**  
 1. Corporation Name  
**LAKESIDE BIBLE CHURCH, INC.**



Principal Place of Business 205 S. HOOVER ST. SUITE 400 TAMPA FL 33609	Mailing Address 205 S. HOOVER ST. SUITE 400 TAMPA FL 33609
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/16/1992</b>	3a. Date of Last Report <b>09/10/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3119626</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**BROWNE, J. DANFORTH A**  
 205 S. HOOVER ST.  
 SUITE 400  
 TAMPA FL 33609

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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	PCD <input checked="" type="checkbox"/> DELETE
NAME	MULFORD, JOSEPH O
STREET ADDRESS	18262 WAYNE ROAD
CITY-ST-ZIP	ODESSA FL 33556
TITLE	SD <input type="checkbox"/> DELETE
NAME	MULFORD, MARGARET ALICE
STREET ADDRESS	18262 WAYNE ROAD
CITY-ST-ZIP	ODESSA FL 33556
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LOGAN NOLAN
STREET ADDRESS	71 COLONY BEND
CITY-ST-ZIP	SHREVEPORT LA 71115
TITLE	President & Director <input type="checkbox"/> DELETE
NAME	Mike Hughey
STREET ADDRESS	205 S. Hoover #400
CITY-ST-ZIP	Tampa, FL 33609
TITLE	Vice President & Sec & Dir. <input type="checkbox"/> DELETE
NAME	Shirley H. Carter
STREET ADDRESS	205 S. Hoover #400
CITY-ST-ZIP	Tampa, FL 33609
TITLE	Treasurer & Dir. <input type="checkbox"/> DELETE
NAME	Wanita Rawlins
STREET ADDRESS	205 S. Hoover #400
CITY-ST-ZIP	Tampa, FL 33609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do 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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 8/12/97 CIR-286-2323

CF2E037 (4/97)