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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N47934

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/16/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3119626

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

9. 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

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 SD  DELETE  
NAME MULFORD, MARGARET ALICE  
STREET ADDRESS 18262 WAYNE ROAD  
CITY-ST-ZIP ODESSA FL 33556

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME HUGHEY, MIKE  
STREET ADDRESS 205 S HOOVER #400  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPSD  DELETE  
NAME CARTER, SHIRLEY  
STREET ADDRESS 205 S HOOVER #400  
CITY-ST-ZIP TAMPA FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME RAWLINS, WANITA  
STREET ADDRESS 205 S HOOVER #400  
CITY-ST-ZIP TAMPA FL

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
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 with all other like empowered.

SIGNATURE:

*[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

813 286 2823

Date

Daytime Phone #

CR2E037 (1/198)