


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # N47934<br>1. Entity Name<br>LAKESIDE BIBLE CHURCH, INC. |  |
|--|---|

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|--|--|
| Principal Place of Business<br>205 S. HOOVER ST.<br>SUITE 400<br>TAMPA, FL 33609 | Mailing Address<br>205 S. HOOVER ST.<br>SUITE 400<br>TAMPA, FL 33609 |
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04212004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-3119626                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

HUGHEY, L.M.  
205 S. HOOVER ST.  
SUITE 400  
TAMPA, FL 33609

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>Filing Fee is \$61.25 Due by May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>MULFORD, MARGARET ALICE<br>18262 WAYNE ROAD<br>ODESSA, FL 33556 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>HUGHEY, MIKE<br>205 S HOOVER #400<br>TAMPA, FL                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPSD<br>CARTER, SHIRLEY<br>205 S HOOVER #400<br>TAMPA, FL             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>RAWLINS, WANITA<br>205 S HOOVER #400<br>TAMPA, FL               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

U00000130291  
04/26/04-80110-017 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Mike Hughey Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #