


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N93000002005 1. Entity Name LAKELAND NORTHSIDE BAPTIST CHURCH, INC.	
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Principal Place of Business 3131 DUFF ROAD LAKELAND, FL 33801 US	Mailing Address 3131 DUFF ROAD LAKELAND, FL 33801 US
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03282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2930920	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YAW, DAN 3131 DUFF ROAD LAKELAND, FL 33810

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAINOUS, AARON 2601 SHADYWOOD PLACE LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COMBEE, ERNEST 5925 ROSS CREEK RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GOHEEN, HAROLD 3326 LYNN DRIVE LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURSE, JEFF 3420 GROVE VIEW DRIVE LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Harold L Goheen Harold L Goheen APR 14, 2006 863-859-7220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #