## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300004753 (0)
1. Corporation Name

LAKESIDE COUNSELING CENTER, INC.

## FILED Mar 19 1998 8:00am Secretary of State

3.	Date Incorporated or Qualified	•

1738 NEW JERSEY RO LAKELAND FL \$3803				1736 NEW JERSEY RD LAKELAND FL 33803			3. Date Incorporated or Qualified
PERSONAL I P. GOODA			O DILOT				10/14/1993
							4. FEI Number Applied For
							<b>59-3231261</b> Not Applicable
2. Principal Pla 21	ace of Busin	ess	2a. Maili 26	2a. Malling Address			5. Certificate of Status Desired Section 48.75 Additional Fee Required
Suite, Apt. I	#, etc.	Suite	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22			27	27			Trust Fund Contribution
City & State	9	City	City & State			7. Is this nonprofit corporation a homeowners association?	
23		28				☐ Yes 🔀 No	
Zip	]	Country	Zip		Cour	try	This corporation owes or has paid the current year intangible
24		25	29		30		Personal Property Tax due June 30. 🔲 Yes 💢 No
	9, Name	and Address of Curr	ent Registered	Agent			10. Name and Address of New Registered Agent
					1	Name	e
SHEROU	JSE, CRAIG	}				Stree	et Address (P.O. Box Number is Not Acceptable)
	W JERSEY					000	A Production (C. 10. Don Hallings) in North Cooperator,
	ND FL 3380				Ī	13	
					ļ.	14 65.	Int To Ood
					['	City	FL  85   Zip Code
11. Pursuant to	to the provisi	ons of Sections 617.05	02 and 617.15	08, Florida Statu	ites, the ab	ove-name	
office or re	egistered ag	ent, or both, in the Sta	te of Florida, Su	ich change was	authorized	by the co	od corporation submits this statement for the purpose of changing its registered or
	TI TOTTINIOT WIL	ii, and accept the obli	gations of, oec	((O) () (7.0505, F	ionua statu	103.	
SIGNATURE _	Signature Broad	or printed name of registered a	nent and title if appli	cable (NO	TF: Registered	Agent signatu	ure required when reinstating) DATE
12.	organicae, speed		ND DIRECTOR		13.	- Gow of Brian	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD TD			DELETE	1,1 7(1)	E	Change X Addition
NAME		RICHARD			1,2 NA	AF.	LEE A. BURPOWS
STREET ADDRESS		NISE AVE				 Eet address	HZ8 CARDINAL PL
*		ND FL 33813		^		-ST-ZIP	LAKELAND, FL 33803
CITY-ST-ZIP TITLE	<u> </u>	4D 1 L 00010	<del></del>	DELETE	2.1 TIT		Change M Addition
NAME	DOMED	RICHARD		Jag vecere	2.2 NA		GSOI CRESCENT LAKE DRIVE
		DODWIND HILLS LA	ME				NEAT RESPEAT LAKE DRIVE
STREET ADDRESS			MAC			EET ADDRESS	LAKELAND, FL 33813
CITY-ST-ZIP	LAKELA	<u></u>	110010	DELETE		Y-ST-ZIP	Change Maddition
TITLE		ARJORY BR	usere	C) DECEIG	3.1 TITE		1 and 12 and
NAME	4400 01	NE BRUZOR		_	3.2 NAJ		GREG KOUNDS Lake Loophd. E
STREET ADDRESS	4160 UL	D COLONY RD	= = 1	<b>33</b> 86 o		EET ADDRESS	400 Fago 22081
CITY-ST-ZIP	<u> LAKELA</u>	NOFL Mulbe	rry, FI.	NI DELETE		Y-ST-ZIP	Winter Haven 33884 Change MAddition
TITLE	<del>-</del>		-	A DEFEIR	4.1 7070		DATE ANTOPETING
NAME	HIX, MAI			-	4. 2 NA		PATTE ANDREWS 1909 BROKEN ARROW TR N
STREET ADDRESS	5219 SL					EET ADDRESS	STATE OF THE 22012
CITY-ST-ZIP	LAKELA	NO FL		No. 200		-ST-ZIP	LAKELAND, FL 33813
TITLE	D			DELETE	5.1 TIT		Change X Addition
HAME		VS, CHARLIE		•	5.2 NA		KELLY HARDWICK-
STREET ADDRESS		AUNTON AVE			5.3 STP	EET ADDRESS	
CITY-ST-ZIP	LAKELA	ND FL			5.4 CIT	-ST-ZIP	BARTOW, FL 33830
TITLE	D			DELETE	6.1 Titi	E	VSTD Change X Addition
NAME	ZUBER,	DAVE		^	6.2 NA	Œ	CRATG SHEROUSE 1723 DAVID CRUM CT
STREET ADDRESS	1880 CF	YSTAL LAKE DR N			6.3 STR	EET ADORESS	s 1723 DAVID CRUM CT
CITY-ST-ZIP	LAKELA	NO FL			6.4 CIT	-\$1-ZIP	LAKELAND, FL
			with this filing o	loes not qualify			ated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information

Indicated on this annual report or supplied with this initial coes not quality to the exemptor stated in section 178.07(3)), Foliad Statutes. Indicated so 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.

DIOCK 12 OF DIOCK 10 II CHANGOO, OF OF AN ARROWN OF WHITE AN ACCUSOR

**SIGNATURE:** 

HEQUIRED