

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90007 028 ****70.00

DOCUMENT # N93000004753

1. Entity Name
LAKESIDE COUNSELING CENTER, INC.



Principal Place of Business
 1736 NEW JERSEY RD
 LAKELAND, FL 33803

Mailing Address
 1736 NEW JERSEY RD
 LAKELAND, FL 33803

44049773



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07162004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3231261

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEROUSE, CRAIG
 1736 NEW JERSEY RD
 LAKELAND, FL 33803

Name
Ahearn, Joanne S.

Street Address (P.O. Box Number is Not Acceptable)
1736 New Jersey Road

City
Lakeland **FL** Zip Code
33803

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 *Joanne S. Ahearn* 7/16/04
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 September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STANCIL, JOHN 5998 CHARLOMA DR LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV SHEROUSE, CRAIG 1736 NEW JERSEY RD LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PHILLIPS, RICHARD 1736 NEW JERSEY RD LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, BARBARA 1614 CALDWELL ST LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, TODD 1736 NEW JERSEY RD LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, NANCY 4819 DETOR RD LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Markham, Rudy A. 6315 Fern Lane Lakeland, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Ahearn, Joanne 3062 Shoal Creek Village Drive Lakeland, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Furnari, Dawn H. 3223 Summerland Hills Court Lakeland, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Heaberlin, Carl W. 2443 Summitview Drive Lakeland, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holton, Edwin G. 4480 Old Colony Road Mulberry, FL 33860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howes, Mary Anne W. 5909 Deer Flag Drive Lakeland, FL 33811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

***see attachment**

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: *Rudy A. Markham* 7/16/2004 863-688-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

44049773

~~# N93000004753~~

*Attachment

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

RAM 7/16/2004

~~JSA~~ 7/16/2004

NEUMAN, H. TERRIS - D
4027 Windchime Drive
Lakeland, FL 33811

ZEDONEK, LINDA M. - D
6626 Englelake Drive
Lakeland, FL 33813

Attachment

44049773
#N930004753

HAHN, McCLURG, WATSON, GRIFFITH & BUSH, P.A.

ATTORNEYS AT LAW

JAMES P. HAHN*
E. V. McCLURG
STEPHEN C. WATSON*
JOHN R. GRIFFITH*
PHILIP H. BUSH

J. TOM WATSON
(1919-1996)

P. O. BOX 38
C. V. McCLURG BLDG.
101 S. FLORIDA AVENUE
LAKELAND, FLORIDA 33802-0038
(863) 688-7747
FAX (863) 683-4582

*BOARD CERTIFIED REAL ESTATE LAWYER

July 20, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: LAKESIDE COUNSELING CENTER, INC.

Dear Sir or Madam:

Enclosed please find 2004 Not-For-Profit Corporation Annual Report for Lakeside Counseling Center, Inc., and a check representing the filing fee of \$61.25 plus \$8.75 for the Certificate of Status.

Thank you.

Sincerely,

Cindy Pugh

Cindy Pugh
Assistant to James P. Hahn

/cp