

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 11 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3231261	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEROUSE, CRAIG 1736 NEW JERSEY RD LAKELAND, FL 33803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 Agents signature required when reinstating)					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DT NAME STANCIL, JOHN STREET ADDRESS 6998 CHARLOMA DR CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE D NAME GREG ROUNDS STREET ADDRESS 400 Eagle Lake Landing Loop CITY-ST-ZIP Winter Haven, FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DSV NAME SHEROUSE, CRAIG STREET ADDRESS 1736 NEW JERSEY RD CITY-ST-ZIP LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE D NAME BETH ROW STREET ADDRESS 2239 Nottingham Rd CITY-ST-ZIP Lakeland, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DP NAME PHILLIPS, RICHARD STREET ADDRESS 1736 NEW JERSEY RD CITY-ST-ZIP LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE D NAME SHERRY VOGEL STREET ADDRESS 1736 New Jersey Rd CITY-ST-ZIP Lakeland, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BOYD, BARBARA STREET ADDRESS 1614 CALDWELL ST CITY-ST-ZIP LAKELAND, FL 33803	<input type="checkbox"/> Delete		800020777358 06/11/03--01046--001 **\$1.25		
TITLE D NAME MOORE, TODD STREET ADDRESS 1736 NEW JERSEY RD CITY-ST-ZIP LAKELAND, FL 33803	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME WILLIAMS, NANCY STREET ADDRESS 4819 DETOR RD CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>John L Stancil</i>			6/9/03 863 701 1968		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CR2E037 (10/02)