


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90036 013 ****61.25

DOCUMENT # N98000000653		
1. Entity Name LAKESIDE ACADEMY, INC.		

Principal Place of Business 710 SOUTH MAIN STREET BELLE GLADE, FL 33430 US	Mailing Address 710 SOUTH MAIN STREET BELLE GLADE, FL 33430 US
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94014888



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01282004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0819425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LITINSKI, GEORGE M 710 SOUTH MAIN STREET BELLE GLADES, FL 33430		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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITINSKI, BARBARA 710 SOUTH MAIN STREET BELLE GLADE, FL 33430 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICKIE MARBLE 710 S. MAIN ST. BELLE GLADE, FL. 33430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITINSKI, GEORGE M 710 SOUTH MAIN STREET BELLE GLADE, FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNETTE BUTTS 710 S. MAIN ST. BELLE GLADE, FL 33430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, RACHEL 710 SOUTH MAIN STREET BELLE GLADE, FL 33430 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIFILETTI, CATHIE 710 SOUTH MAIN STREET BELLE GLADE, FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTLIFF, SANDRA 710 SOUTH MAIN STREET BELLE GLADE, FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGE, BERNADETTE 710 SOUTH MAIN ST. BELLE GLADE, FL 33430 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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: George M. Litinski DATE: 1/29/04 DAYTIME PHONE: 993-5000