2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N99000004236  1. Entity Name				46		08:00 A of State	M	
THE LAK	ESIDE COMMUNITY RENEW			oor our y	01 20000			
Principal Plac	e of Business	Mailing Address		<u> </u>	1			
115 EAST N PAHOKEE F		115 EAST MAIN ST. PAHOKEE FL 33476						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc	Suite, Apt #, etc.			1st MC	ORE CR	2E037 (10/04)	
City & Stat	e	City & State			4. FEI Number 6	5-0965997	!==-!_ `.	plied For t Applicat
Zip	Country	Zip Cod		untry	5. Certificate of Sta	atus Desired	- \$8.75 Add	litional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
BISING MARINE GROUP, INC. P.O. BOX 563				Name Street Address (P.O. Box Number is Not Acceptable)				
PAHOKEE FL 33476								
				City			FL Zip Code	е
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or register	red agent, or both, in	the State of Florida	I am familiar with,	and acce
SIGNATURE				- <del></del> -				
	Signature, typed or printed name of registered agent a	nd life if applicable (NOTI	E Registere	id Agent signature required	when reinstelling)		DATE	rangeren (j. j. j. j.
FILE NOW: FEE IS \$61.25  Due By May 1, 2005  9. Election Campaign Trust Fund Contrib					\$5.00 May Be Added to Fees		Check Payable Department of S	
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP	P BISING, GUY C 455 BACOM POINT ROAD PAHOKEE FL 33476	☐ Delete	•		04/	U000003289 25/05-8010	□ Change 48 0-002 61.25	∏ Addiii ⊋
TITCE	V POPE, LEWIS	☐ Delete	THE	E			☐ Change	
NAME STREET ADDRESS CITY-ST-7IP	1135 GARDEN PLACE PAHOKEE FL 33476			SET ADDRESS ST-ZiP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'CONNEL-RUST, ANN P.O. BOX 126 CANAL POINT FL 33438	□ Delete					☐ Change	Additi
TITLE NAME STREET ADDRESS CITY-ST-2IP	T THOMPSON, ALICE 2997 BACOM POINT ROAD, APT # PAHOKEE FL 33476	☐ Delete					☐ Change	Additio
NAME STREET ADDRESS CITY-ST-71P	D HONEYCUTT, EDWARD P.O. BOX 211 CANAL POINT FL 33438	☐ Delete	1	1			☐ Change	☐ Adúití
NAME STREET ADDRESS CITY-ST-ZIP	D TODD, FLORA 719 BACOM POINT ROAD PAHOKEE FL 33476	☐ Delete					☐ Change	Addin
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, w	true and accurate and that r wered to execute this renort	ny signa . as requi	ture shall have the	ti se thatta lenal ames	i made under oath:	that I am an officer.	or directo

SIGNATURE AND TYPED OR MEINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1

**FILED** 

561-924-557