

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**  
MAY 1 1994  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Landra B. McArthur  
Secretary of State  
TALLAHASSEE, FLORIDA

**DOCUMENT # 711902 (7)**  
LAKESIDE BAPTIST CHURCH OF PAHOKEE, INC.

Principal Place of Business: **3055 BACOM POINT ROAD P.O. BOX 694 PAHOKEE FL 33476**  
Mailing Address: **3055 BACOM POINT ROAD P.O. BOX 694 PAHOKEE FL 33476**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **12/02/1966**      3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2163400**      Applied For:  Not Applicable:

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for a change of tax under S 185-032, Florida Statutes:  Yes  No

21. Principal Place of Business: **21**      26. Mailing Address: **26**

22. Suite, Apt #, etc: **22**      27. Suite, Apt # etc: **27**

23. City & State: **23**      28. City & State: **28**

24. Zip: **24**      25. Country: **25**      29. Zip: **29**      30. Country: **30**

9. Name and Address of Current Registered Agent  
**REDISH, THOMAS L  
HOUSE 18 BRYANT VILLAGE  
BRYANT FL 33430**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_  
82 Street Address (P O Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_      85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
(Signature of agent or principal place of business and the corporation)      (Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>REDISH, THOMAS L</b>
STREET ADDRESS	<b>HOUSE 18 BRYANT VILLAGE</b>
CITY ST ZIP	<b>BYRANT FL</b>
TITLE	<b>D</b>
NAME	<b>BURRUGHS, GARY</b>
STREET ADDRESS	<b>338 CYPRESS AVE</b>
CITY ST ZIP	<b>PAHOKEE FL</b>
TITLE	<b>D</b>
NAME	<b>SCRUGGS, ARNOLD J</b>
STREET ADDRESS	<b>US HWY 441</b>
CITY ST ZIP	<b>PT MAYACA FL</b>
TITLE	<b>M</b>
NAME	<b>FORT, VERNON</b>
STREET ADDRESS	<b>2519 SW 14TH TERRACE</b>
CITY ST ZIP	<b>PAHOKEE FL</b>
TITLE	<b>D</b>
NAME	<b>HUGGINS, ASA</b>
STREET ADDRESS	<b>1741 SE AVE "K"</b>
CITY ST ZIP	<b>BELLE GLADE FL</b>
TITLE	<b>T</b>
NAME	<b>BURROUGHS, JEANNETTE L</b>
STREET ADDRESS	<b>338 CYPRESS AVE</b>
CITY ST ZIP	<b>PAHOKEE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>M</b>
43 STREET ADDRESS	<b>Henry B. HINES</b>
44 CITY ST ZIP	<b>2519 SW 14th Terrace</b>
	<b>PAHOKEE, FL 33476</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>T</b>
63 STREET ADDRESS	<b>James O. Carver Jr</b>
64 CITY ST ZIP	<b>817 SE 1st St</b>
	<b>Belle Glade, FL 33430</b>

14. I hereby certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 110 07(3)(b), Florida Statutes. I further certify that the information indicated on 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.

SIGNATURE: **James O. Carver Jr** Treasurer **3-1-95** **407 996 5385**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      Telephone Number