

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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



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

3. Date Incorporated or Qualified **12/02/1966**      3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<b>59-2163400</b>	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
	Zip	Country	28	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23	City & State	City & State	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Zip	Country	30	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>REDISH, THOMAS L HOUSE 18 BRYANT VILLAGE BRYANT FL 33430</b>				81	Name <b>GARY Burreoughs</b>		
				82	Street Address (P.O. Box Number is Not Applicable) <b>338 Cypress Ave</b>		
				83	<del>PAHOKEE, FL</del>		
				84	City <b>Pahokee</b>	85	Zip Code <b>33476</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Gary Burreoughs*      DATE **4/8/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>PD</b>	<b>REDISH, THOMAS L</b>	<b>HOUSE 18 BRYANT VILLAGE BYRANT FL</b>	<input checked="" type="checkbox"/> DELETE	<b>D</b>	<b>JOHN HENRY RAYNR</b>	<b>1142 NE 25th St. Belle Glade, FL</b>
	<b>D</b>	<b>BURRUGHS, GARY</b>	<b>338 CYPRESS AVE PAHOKEE FL</b>	<input checked="" type="checkbox"/> DELETE	<b>PD</b>	<b>GARY Burreoughs</b>	<b>338 CYPRESS AVE PAHOKEE, FL</b>
	<b>D</b>	<b>SCRUGGS, ARNOLD J</b>	<b>US HWY 441 PT MAYACA FL</b>	<input type="checkbox"/> DELETE			
	<b>M</b>	<b>HINES, HENRY B</b>	<b>2519 SW 14TH TERRACE PAHOKEE FL</b>	<input type="checkbox"/> DELETE			
	<b>D</b>	<b>HUGGINS, ASA</b>	<b>1741 SE AVE "K" BELLE GLADE FL</b>	<input type="checkbox"/> DELETE			
	<b>T</b>	<b>CARNER, JR J O</b>	<b>817 SE 1ST BELLE GLADE FL</b>	<input type="checkbox"/> DELETE			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gary Burreoughs*      DATE **4/8/96**      Daytime Phone # **407-924-5534**

CR2E037 (12/95)