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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33476-0694

3. Date Incorporated or Qualified
12/02/1966

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-2163400

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

BURROUGHS, GARY
338 CYPRESS AVE
PAHOKEE FL 33476

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME RAYNOR, JOHN H
STREET ADDRESS 1143 NE 25TH ST.
CITY-ST-ZIP BELLE GLADE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME BURROUGHS, GARY
STREET ADDRESS 338 CYPRESS AVE
CITY-ST-ZIP PAHOKEE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME SCRUGGS, ARNOLD J
STREET ADDRESS US HWY 441
CITY-ST-ZIP PT MAYACA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE M DELETE
NAME HINES, HENRY B
STREET ADDRESS 2519 SW 14TH TERRACE
CITY-ST-ZIP PAHOKEE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME HUGGINS, ASA
STREET ADDRESS 1741 SE AVE "K"
CITY-ST-ZIP BELLE GLADE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T DELETE
NAME CARNER, JR J O
STREET ADDRESS 817 SE 1ST
CITY-ST-ZIP BELLE GLADE FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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. Carnar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-97

Date

561-996-5385

Daytime Phone # 0044491

CR2E037 (9/96)