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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711902

1. Corporation Name

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/02/1966

4. FEI Number

59-2163400

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BURROUGHS, GARY
338 CYPRESS AVE.
PAHOKEE, FL 33476

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

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 C. Burroughs GARY C. BURROUGHS

1/4/99

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 1050 East Main St
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 148 Lexington Dr
6.4 CITY-ST-ZIP Royal Palm Beach FL 33411

14. 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 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, with all other like empowered.

SIGNATURE:

Gary C. Burroughs SIGNATURE REQUIRED

1/4/99

561-924-6176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)