

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90301 008 \*\*\*\*61.25

0065123

**DOCUMENT # 711902**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2163400**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURROUGHS, GARY**  
**338 CYPRESS AVE**  
**PAHOKEE FL 33476**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAYNOR, JOHN H</b>	
STREET ADDRESS	<b>1143 NE 25TH ST.</b>	
CITY-ST-ZIP	<b>BELLE GLADE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BURROUGHS, GARY</b>	
STREET ADDRESS	<b>1050 E MAIN ST</b>	
CITY-ST-ZIP	<b>PAHOKEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEADEN, CURTIS</b>	
STREET ADDRESS	<b>2659 BAEOM POINT RD</b>	
CITY-ST-ZIP	<b>PAHOKEE FL 33476</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>HINES, HENRY B</b>	
STREET ADDRESS	<b>2519 SW 14TH TERRACE</b>	
CITY-ST-ZIP	<b>PAHOKEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARNETT, RICHARD</b>	
STREET ADDRESS	<b>142 CONNORS HWY</b>	
CITY-ST-ZIP	<b>CANAL POINT FL 33438</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>RONGIONE, EDWARD</b>	
STREET ADDRESS	<b>18 NE AVE E</b>	
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary Burroughs*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/01 561-924-2424  
 Date Daytime Phone #

CR2E037 (10/00)