

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0076401

**DOCUMENT # 711902**

1. Entity Name

**LAKESIDE BAPTIST CHURCH OF PAHOKEE, INC.**

04-10-2002 90459 041 \*\*\*\*61.25

|   |   |
|---|---|
| Principal Place of Business<br><b>3055 BACOM POINT ROAD<br/>P.O. BOX 694<br/>PAHOKEE FL 33476</b> | Mailing Address<br><b>3055 BACOM POINT ROAD<br/>P.O. BOX 694<br/>PAHOKEE FL 33476</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2163400</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | <b>D</b>                    | <input checked="" 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> |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |   |
|----------------|-----------------------------|---|
| TITLE          | <b>DS</b>                   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Brad Andersen</b>        |   |
| STREET ADDRESS | <b>2519 SW 14th Terrace</b> |   |
| CITY-ST-ZIP    | <b>Pahokee, FL</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                       |
| NAME           |                             |   |
| STREET ADDRESS |                             |   |
| CITY-ST-ZIP    |                             |   |
| 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

Date: 11/23/02 Daytime Phone #: 561-924-6176

CR2E037 (9/01)