

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007
Secretary of State

DOCUMENT# 711902

Entity Name: LAKESIDE BAPTIST CHURCH OF PAHOKEE, INC.

Current Principal Place of Business:

3055 BACOM POINT ROAD
P.O. BOX 694
PAHOKEE, FL 33476

New Principal Place of Business:

3055 BACOM POINT ROAD
PAHOKEE, FL 33476

Current Mailing Address:

3055 BACOM POINT ROAD
P.O. BOX 694
PAHOKEE, FL 33476

New Mailing Address:

P.O. BOX 694
PAHOKEE, FL 33476

FEI Number: 59-2163400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, HENRY B
2519 SW 14TH TERRACE
PAHOKEE, FL 33476 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: ESPARZA, AMY
Address: 239 BANYAN AVE.
City-St-Zip: PAHOKEE, FL 33476

Title: PD () Delete
Name: BURROUGHS, GARY
Address: 3 LAKESIDE CIRCLE
City-St-Zip: PAHOKEE, FL 33476

Title: D () Delete
Name: PEADEN, CURTIS
Address: 2659 BACOM POINT RD
City-St-Zip: PAHOKEE, FL 33476

Title: M () Delete
Name: HINES, HENRY B
Address: 2519 SW 14TH TERRACE
City-St-Zip: PAHOKEE, FL

Title: VP () Delete
Name: BARNETT, RICHARD
Address: 1221 BACOM POINT ROAD
City-St-Zip: PAHOKEE, FL 33476

Title: T () Delete
Name: BARRY, BRIAN
Address: 38641 4TH STREET
City-St-Zip: CANAL POINT, FL 33438

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WALKER, JASON R
Address: 1473 ART LAWERENCE
City-St-Zip: CLEWISTON, FL 33440

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY ESPARZA

DS

03/26/2007

Electronic Signature of Signing Officer or Director

_____ Date