

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711902

**FILED**  
**Feb 05, 2019**  
**Secretary of State**  
**7621451208CC**

**Entity Name:** LAKESIDE BAPTIST CHURCH OF PAHOKEE, INC.

**Current Principal Place of Business:**

3055 BACOM POINT ROAD  
PAHOKEE, FL 33476

**Current Mailing Address:**

P.O. BOX 694  
PAHOKEE, FL 33476

**FEI Number: 59-2163400**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title DS  
Name HINES, KARLA  
Address 2519 SW 14TH TERRACE  
City-State-Zip: PAHOKEE FL 33476

Title PD  
Name HINES, HENRY B  
Address 2519 SW 14TH TERRACE  
City-State-Zip: PAHOKEE FL 33476

Title D  
Name KELLY, BRYAN  
Address 6112 S.E. 30TH PKWY  
City-State-Zip: OKEECHOBEE FL 34974

Title TRUSTEE  
Name BREEDEN, TOBY STERLING  
Address 12161 EVERGLADES STREET  
City-State-Zip: CANAL POINT FL 33438

Title TREASURER  
Name ANDERSEN, BRAD L  
Address 2519 S.W. 14TH TERRACE  
City-State-Zip: PAHOKEE FL 33476

Title MISSIONARY  
Name WRIGHT, RUSSELL  
Address 3055 BACOM POINT RD  
City-State-Zip: PAHOKEE FL 33476

*I hereby 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 all other like empowered.*

**SIGNATURE: BRAD ANDERSEN**

**TREASURER**

**02/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date