

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90018 045 ****61.25

DOCUMENT # 700304

1. Entity Name

EAST ORLANDO BAPTIST CHURCH HOLDING COMPANY, INC

Principal Place of Business

Mailing Address

**8287 CURRYFORD ROAD
 ORLANDO FL 32822**

**8287 CURRYFORD ROAD
 ORLANDO FL 32822**

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

70-0304581

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

**SAULSBURY, GERALDINE C
 1634 STEVENS AVE
 ORLANDO FL 32806**

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

Geraldine C. Saulsbury
Geraldine C. Saulsbury

2/17/02

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 Delete
 NAME **D**
EVANS, JERRY
 STREET ADDRESS **4627 CANARY ST**
 CITY-ST-ZIP **ORLANDO FL 82806**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
THOMAS, GENE
 STREET ADDRESS **355 PINE BLVD**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT**
MOSHER, DEWAIN
 STREET ADDRESS **3209 SOCORRO DR**
 CITY-ST-ZIP **ORLANDO FL 32829**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT**
YATES, TOMMY
 STREET ADDRESS **5218 FORMBY DR**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
BROWN, CHRIS
 STREET ADDRESS **3106 S CHICKASAW TRAIL**
 CITY-ST-ZIP **ORLANDO FL 32829**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tommy Yates
Tommy Yates

2/17/02

(407) 275-7225

Date

Daytime Phone #

CR2E037 (9/01)