

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90067 025 ****61.25



DOCUMENT # 700304	
1. Entity Name EAST ORLANDO BAPTIST CHURCH HOLDING COMPANY, INC.	
Principal Place of Business 8287 CURRYFORD ROAD ORLANDO FL 32822	Mailing Address 8287 CURRYFORD ROAD ORLANDO FL 32822
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 70-0304581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 Donna Mallamas
	Street Address (P.O. Box Number is Not Acceptable) 5641 Pecos Street
	City Orlando FL Zip Code 32807-1524

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Donna Mallamas 2/4/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T NAME: REPOLLET, JOSE DEACON STREET ADDRESS: 1820 PROCTOR AVE CITY-ST-ZIP: ORLANDO FL 32817	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T NAME: BOESCH, CHARLIE STREET ADDRESS: 12040 GRAY BIRCH CIRCLE CITY-ST-ZIP: ORLANDO FL 32822	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T NAME: WALTER, JESSE STREET ADDRESS: 19301 PALMVIEW ST CITY-ST-ZIP: ORLANDO FL 32833	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T NAME: GARY, WILLIAM STREET ADDRESS: 9906 SURREY RIDGE RD CITY-ST-ZIP: ORLANDO FL 32825	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D NAME: LAWRENCE, DONNELL DEACON STREET ADDRESS: 14226 SAHALEE LN CITY-ST-ZIP: ORLANDO FL 32828	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Jose Repollet 2/5/07 321-947-3242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #