


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17, 1999 8:00am
Secretary of State

00069601

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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02-17-1999 90079 043 *****61.25

DOCUMENT # 732645

1. Corporation Name
EAST BAY BAPTIST CHURCH, INC.

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| Principal Place of Business 508 HIGHWAY 2297 PANAMA CITY FL 32404 | Mailing Address 508 HIGHWAY 2297 PANAMA CITY FL 32404 |
|---|---|



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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 05/02/1975 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-6596559 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | Zip 29 | Country 30 |

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|--|---|
| 9. Name and Address of Current Registered Agent JOHNSON, EDWARD 11327 POSTON ROAD PANAMA CITY FL 32404 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD JOHNSON, EDWARD 11327 POSTON ROAD PANAMA CITY, FL 00000 32404 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | VD DAUPHIN, MILDON 1538 PRIMROSE LANE PANAMA CITY FL 32404 | 1.2 NAME | |
| TITLE | TD STUBBS, HARRY 1502 PRIMROSE LANE PANAMA CITY FL 32404 | 1.3 STREET ADDRESS | |
| TITLE | SD DAUPHIN, SUE C. 1538 PRIMROSE LANE PANAMA CITY FL 32404 | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 2.2 NAME | |
| TITLE | | 2.3 STREET ADDRESS | |
| TITLE | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 3.2 NAME | |
| TITLE | | 3.3 STREET ADDRESS | |
| TITLE | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 4.2 NAME | |
| TITLE | | 4.3 STREET ADDRESS | |
| TITLE | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 5.2 NAME | |
| TITLE | | 5.3 STREET ADDRESS | |
| TITLE | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 6.2 NAME | |
| TITLE | | 6.3 STREET ADDRESS | |
| TITLE | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 1/24/99 DAYTIME PHONE #: 850-871-1679

CR2E037 (11/98)