


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90051 005 ****61.25

DOCUMENT # 732645	
1. Entity Name EAST BAY BAPTIST CHURCH, INC.	

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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01162007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

DAUPHIN, MILDON
 1538 PRIMROSE LANE
 PANAMA CITY, FL 32404

4. FEI Number
59-6596559

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name Mildon Dauphin

Street Address (P.O. Box Number is Not Acceptable)
11835 Old Bicycle Rd.

City Panama City State FL Zip Code 32404

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

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

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAUPHIN, MILDON 1538 PRIMROSE LANE PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Mildon Dauphin</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>11835 Old Bicycle Rd</u> <u>Panama City FL 32404</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUTCHIN, DAVID1 11429 OLD BICYCLE RD PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>David Cutchin</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>11429 Old Bicycle Rd</u> <u>Panama City FL 32404</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HODGES, ROBERT 1916 POSTON DRIVE PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PILCHER, MICHAEL 6027 HWY 2297 PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Michael Pilcher</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>11323 Poston Rd</u> <u>Panama City FL 32404</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Chapter 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: Mildon Dauphin - MILDON DAUPHIN Pres. Dir. 4-3-07 8508713072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #