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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003050

1. Corporation Name
EASTSIDE CHRISTIAN CHURCH OF HIGHLANDS COUNTY, I NC.

Principal Place of Business	Mailing Address
101 LEE AVE LAKE PLACID FL 33852 US	101 LEE AVE LAKE PLACID FL 33852 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/25/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number KS 59-2297969 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COUCH, S. C.
2815 UNITAS RD
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 S. C. Couch P/D S. C. Couch 3-25-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	COUCH, JANET S	Same	1.2 NAME	Phillip Crosbie	New
STREET ADDRESS	2815 UNITAS RD		1.3 STREET ADDRESS	3740 Skipper Rd.	
CITY-ST-ZIP	AVON PARK FL		1.4 CITY-ST-ZIP	Sebring, FL 33872	
TITLE	TD	☒ DELETE	2.1 TITLE	TP	☐ Change ☒ Addition
NAME	LANGSTON, JENNIFER		2.2 NAME	Eva Lake	New
STREET ADDRESS	2377 N ROSLYN RD		2.3 STREET ADDRESS	434 Leahy Ave	
CITY-ST-ZIP	AVON PARK FL		2.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	COUCH, S.C.		3.2 NAME	Walter Fulmer	New
STREET ADDRESS	2815 UNITAS ROAD	Same	3.3 STREET ADDRESS	447 Clark Ave	
CITY-ST-ZIP	AVON PARK FL 33825		3.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: S. C. Couch SIGNATURE REQUIRED S. C. Couch 3-25-99 941-452-1838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #