

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003050

FILED
Jul 17, 2002
Secretary of State

Entity Name: EASTSIDE CHRISTIAN CHURCH OF HIGHLANDS COUNTY, INC.

Current Principal Place of Business:

101 LEE AVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

101 LEE AVE
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-2297969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COUCH, S. C.
112 IDA AVE
LAKE PLACID, FL 33852 US

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:

07/17/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: COUCH, JANET S
Address: 2815 UNITAS RD
City-St-Zip: AVON PARK, FL

Title: VD () Delete
Name: CROSBIE, PHILLIP
Address: 3740 SKIPPER RD
City-St-Zip: SEBRING, FL 33872

Title: PD () Delete
Name: COUCH, S.C.
Address: 2815 UNITAS ROAD
City-St-Zip: AVON PARK, FL 33825

Title: TD () Delete
Name: LAKE, EVA
Address: 434 LEAHY AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: SODERSTROM, JUDI
Address: 441 GRANT AVE NE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: DUTCHESS, VIRGINIA
Address: 3011 JACARANDA AVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: COUCH, JANET S
Address: 112 IDA AVE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: COUCH, S.C.
Address: 112 IDA AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change () Addition
Name: LAKE, EVA
Address: 434 LEAHY AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: TD (X) Change () Addition
Name: SODERSTROM, JUDI
Address: 441 GRANT AVE NE
City-St-Zip: LAKE PLACID, FL 33852

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. C. COUCH

PD

07/17/2002

Electronic Signature of Signing Officer or Director

Date