2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# N95000003050

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

Current Principal Place of Business:

101 PEACE AVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1140
LAKE PLACID, FL 33852 US

New Mailing Address:

P.O. BOX 1140
LAKE PLACID, FL 33862 US

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.
112 IDA AVE
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

COUCH, S. C.
24 PARADISE HILL DR
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: 04/05/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: VD ( ) Delete
Name: KULES, ROBERT
Address: 413 LAKE JUNE DR
City-St-Zip: LAKE PLACID, FL 33852 US

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

Title: TD ( ) Delete
Name: BOWDEN, ROBERT
Address: 3012 TIMBERLINE AVE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: D ( ) Delete
Name: WILDMAN, MILDRED J
Address: 223 COUNTRY CLUB DR.
City-St-Zip: LAKE PLACID, FL 33852 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: REHBEIN, KAREN
Address: 102 CREST CT
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: 24 PARADISE HIILL DR
City-St-Zip: LAKE PLACID, FL 33852 US

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

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

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 Chapter 119, 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 04/05/2006
Electronic Signature of Signing Officer or Director — Date