2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2003
Secretary of State

DOCUMENT# N95000003050

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 (X)**

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:

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: _____

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:	CROSBIE, PHILLIP	
Address:	3740 SKIPPER RD	
City-St-Zip:	SEBRING, FL 33872	
Title:	PD	( ) Delete
Name:	COUCH, S.C.	
Address:	112 IDA AVE	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	( ) Delete
Name:	LAKE, EVA	
Address:	434 LEAHY AVE	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	TD	( ) 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: WIDMAN, MILDRED D 04/26/2003

Electronic Signature of Signing Officer or Director — Date

WIDMAN, MILDRED (DIRECTOR)
233 COUNTRY CLUB DR
LAKE PLACID, FL 33852