**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 23, 2015**
**Secretary of State**
**CC2256312744**

DOCUMENT# N95000003050

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

**Current Principal Place of Business:**

101 PEACE AVE
LAKE PLACID, FL 33852

**Current Mailing Address:**

101 PEACE AVE
LAKE PLACID, FL 33852 US

**FEI Number: 59-2297969**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EASTSIDE CHRISTIAN CHURCH OF HIGHLANDS..
101 PEACE 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: KAREN REHBEIN 02/23/2015

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | TREASURER |
| Name | WILSON, LORRAINE J |
| Address | 28 PATTON AVENUE |
| City-State-Zip: | LAKE PLACID FL 33852 |

| | |
|---|---|
| Title | ELDER |
| Name | ECHOLS, MICHAEL |
| Address | 1610 RUTLEDGE AVE |
| City-State-Zip: | LAKE PLACID FL 33852 |

| | |
|---|---|
| Title | ELDER |
| Name | WILSON, HAROLD C |
| Address | 28 PATTON AVE |
| City-State-Zip: | LAKE PLACID FL 33852 |

| | |
|---|---|
| Title | ELDER |
| Name | WRIGHT, KENT |
| Address | 3151 BLUEBIRD AVE |
| City-State-Zip: | LAKE PLACID FL 33852 |

| | |
|---|---|
| Title | PRESIDENT/PASTOR |
| Name | CULPEPPER, ARCHIE R |
| Address | 2636 N CAMDEN RD |
| City-State-Zip: | AVON PARK FL 33825 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | KULES, ROBERT |
| Address | 413 LAKE JUNE DR |
| City-State-Zip: | LAKE PLACID FL 33852 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | RICKETTS, TRUDY |
| Address | 407 HILLSIDE AVE |
| City-State-Zip: | LAKE PLACID FL 33852 |

| | |
|---|---|
| Title | SECRETARY |
| Name | MORRIS, NANCY |
| Address | 3027 ASH ST |
| City-State-Zip: | LAKE PLACID FL 33852 |

**Continues on page 2**

*I hereby 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 all other like empowered.*

SIGNATURE: LORRAINE J WILSON TREASURER 02/23/2015

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | ELDER |
| Name | WILSON, RICHARD |
| Address | 30 HIDDEN HARBOR LANE |
| City-State-Zip: | LAKE PLACID FL 33852 |