2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 701279

1. Entity Name

EAST BRADENTON CHURCH OF CHRIST, INC.



FILED Jan 10, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1835 MANATEE AVE EAST BRADENTON, FL 34208

C/O 219 CRESCENT CTE BRADENTON, FL 34208



01032005 No Chg-NP

CR2E037 (10/03)

Applied For Not Applicable Additional

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6. Name and Address of Current Registered Agent

HENRY, JOEL V 219 CRESCENT CTE BRADENTON, FL 34208

DO NOT WRITE IN THIS COACE

						it 1870 – Torres Angeles (1884) 1884 – Torres Angeles (1884)	
	e named entity submits this statement for the pations of registered agent.	urpose of changing its registere	ed office or re			ar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and fille	f applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	 Election Campaign Finan Trust Fund Contribution. 	icing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, JOEL V 219 CRESCENT CTE BRADENTON, FL 34208				.000000176257 01/10/05-80086-0		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRY, JOEL V 219 CRESCENT CTE BRADENTON, FL 34208						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENDALE, HICKEY 294 44TH ST W BRADENTON, FL 34205			DO	NOT WRITE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	TD MURRELL, JAMES 1003 28TH STREET E BRADENTON, FL 34208				THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the Information supplied with this fil				<u> </u>	and the second s	

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Declarate AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DEFECTOR	01-06-05	94-920-609
CHIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #