

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 703480 (4)

**1. Corporation Name
EAST HILL BAPTIST CHURCH**

95 FEB - 1 PM 1:54

**Principal Place of Business Mailing Address
912 MICCOSUKEE ROAD 912 MICCOSUKEE ROAD
TALLAHASSEE FL 32308-5085 TALLAHASSEE FL 32308-5085
US US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 29 Country 30 Country
24 25 29 30

**3. Date Incorporated or Qualified 3a. Date of Last Report
01/19/1962 02/15/1994**
**4. FEI Number Applied For
59-6020345 Not Applicable**
**5. Certificate of Status Desired \$8.75 Additional
Fee Required**
**6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees**
**7. Nonprofit with IRS 501(c)(3) \$68.75 Supplemental
Tax Exempt Status Fee Not Required**
**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No**

9. Name and Address of Current Registered Agent
**COX, J ALAN
105 WEST 5TH AVENUE
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BROWN, DANNY
STREET ADDRESS	2113 LAROCHELLE DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	SD
NAME	CHASON, JACK
STREET ADDRESS	3752-A DONOVAN DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VDC
NAME	YEATMAN, TOM
STREET ADDRESS	1738 VINEYARD
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	T
NAME	BOLIN, CALVIN
STREET ADDRESS	114 LINWOOD DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	AT
NAME	WILLIAMS, H C
STREET ADDRESS	777 MICCOSUKEE RD.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tom Yeatman	
1.3 STREET ADDRESS	1738 Vineyard	
1.4 CITY-ST-ZIP	Tallahassee FL 32311	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dr. Ruth Mitchell	
2.3 STREET ADDRESS	PO Box 3204 N/A	
2.4 CITY-ST-ZIP	Tallahassee FL 32315	
3.1 TITLE	VDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert C Camp	
3.3 STREET ADDRESS	1744 Tarpon Dr	
3.4 CITY-ST-ZIP	Tallahassee FL 32308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	2509 Arvah Branch Blvd	
5.4 CITY-ST-ZIP	Tallahassee FL 32308	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 activator or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed or is not in agreement with an addressee.

SIGNATURE: *Tom Yeatman* SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR **Tom Yeatman - Chairman - Director** 1-18-95 487-5167