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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 703480 (4)

1. Corporation Name
EAST HILL BAPTIST CHURCH



Principal Place of Business Mailing Address
912 MICCOSUKEE ROAD TALLAHASSEE FL 32308-5085 US
912 MICCOSUKEE ROAD TALLAHASSEE FL 32308-5070 US

3. Date Incorporated or Qualified 01/19/1962
3a. Date of Last Report 02/05/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-6020345	Applied For Not Applicable
21 Suite, Apt #, etc	26 Suite, Apt #, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25	29	30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	NAME CAMP, ROBERT C	11 TITLE CD	12 NAME Agee, Damon W
STREET ADDRESS 1744 TARPON DR	CITY-ST-ZIP TALLHASSEE FL	13 STREET ADDRESS 3238 Dunjarvan Dr	14 CITY-ST-ZIP Tallahassee FL
TITLE SD	NAME ARNLOD, ROBERT	21 TITLE SD	22 NAME Williams, Dr Ralph D
STREET ADDRESS 1110 BRANDT DR	CITY-ST-ZIP TALLHASSEE FL	23 STREET ADDRESS 1704 Raa Ave	24 CITY-ST-ZIP Tallahassee FL
TITLE VDC	NAME AGEE, DAMON W	31 TITLE VDC	32 NAME Chason, Thaddeus J Jr
STREET ADDRESS 3238 DUNGARVAN DR	CITY-ST-ZIP TALLHASSEE FL	33 STREET ADDRESS 3718 Loma Farm Rd	34 CITY-ST-ZIP Tallahassee FL
TITLE T	NAME BOLIN, CALVIN	41 TITLE T	42 NAME Yeatman, Debbie
STREET ADDRESS 114 LINWOOD DR	CITY-ST-ZIP TALLHASSEE FL	43 STREET ADDRESS 1738 Vineyard Way	44 CITY-ST-ZIP Tallahassee FL
TITLE AT	NAME WILLIAMS, H C	51 TITLE	52 NAME
STREET ADDRESS 2509 ARVAH BRANCH BLVD	CITY-ST-ZIP TALLHASSEE FL	53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS	CITY-ST-ZIP	63 STREET ADDRESS	64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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 if changed, or on an attachment with an address.

SIGNATURE: Damon W Agee 1-12-97 904 224 9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007710

CR2E037 (9/96)