


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703480 (4)
1. Corporation Name
EAST HILL BAPTIST CHURCH



Principal Place of Business 912 MICCOSUKEE ROAD TALLAHASSEE FL 32308-5085 US	Mailing Address 912 MICCOSUKEE ROAD TALLAHASSEE FL 32308-5085 US
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3. Date Incorporated or Qualified
01/19/1962

4. FEI Number
59-6020345

Applied For	
Not Applicable	

2. Principal Place of Business
21

2a. Mailing Address
25

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Country
29

Country
30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	AGEE, DAMON W	
STREET ADDRESS	3238 DUNGARVAN DR	
CITY-ST-ZIP	TALLHASSEE FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, DR R D	
STREET ADDRESS	1704 REA AVE	
CITY-ST-ZIP	TALLHASSEE FL	

TITLE	VDC	<input checked="" type="checkbox"/> DELETE
NAME	CHASON, THADDEUS J JR	
STREET ADDRESS	3718 LOMA FARM RD	
CITY-ST-ZIP	TALLHASSEE FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	YEATMAN, DEBBIE	
STREET ADDRESS	1738 VINEYARD WAY	
CITY-ST-ZIP	TALLHASSEE FL	

TITLE	AT	<input type="checkbox"/> DELETE
NAME	WILLIAMS, H C	
STREET ADDRESS	2509 ARVAH BRANCH BLVD	
CITY-ST-ZIP	TALLHASSEE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chason, Thaddeus J JR	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JERRI HANNA	
2.3 STREET ADDRESS	1510 BELLEAU WOODS DR	
2.4 CITY-ST-ZIP	Tallahassee FL 32312	

3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHASON, Thaddeus J Jr	
3.3 STREET ADDRESS	3718 Loma Farm Rd	
3.4 CITY-ST-ZIP	Tallahassee FL	

4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Calvin E Bolin	
4.3 STREET ADDRESS	114 LAMWOOD DR	
4.4 CITY-ST-ZIP	Tallahassee FL 32304	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	VDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RR. FJ WALKER	
6.3 STREET ADDRESS	705 WAVERLY DR	
6.4 CITY-ST-ZIP	Tallahassee FL 32312	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Calvin E Bolin **224-9911**

CR2E037 (10/97)