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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703480

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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 95089 - 90072 - 47 *



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/19/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6020345
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME HANNA, JERI STREET ADDRESS 1510 BELLEAU WOODS DR CITY-ST-ZIP TALLAHASSEE FL 32312	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD	NAME CHASON, THADDEUS J JR STREET ADDRESS 3718 LOMA FARM RD CITY-ST-ZIP TALLAHASSEE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME BOLIN, CALVIN E STREET ADDRESS 1114 LIN WOOD DR CITY-ST-ZIP TALLAHASSEE FL 32304	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AT	NAME WILLIAMS, H C STREET ADDRESS 2509 ARVAH BRANCH BLVD CITY-ST-ZIP TALLAHASSEE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VDC	NAME WALKER, RR E STREET ADDRESS 705 WAVERLY DR CITY-ST-ZIP TALLAHASSEE FL 32312	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
TITLE	NAME	6.4 CITY-ST-ZIP	

Handwritten notes in Section 13:
 5.2 NAME: WALKER, EDWARD
 5.3 STREET ADDRESS: 705 WAVERLY DR
 5.4 CITY-ST-ZIP: TALLAHASSEE FL 32312
 6.2 NAME: AGEE, DAMON
 6.3 STREET ADDRESS: 3238 DUNBAR LN
 6.4 CITY-ST-ZIP: TALLAHASSEE FL 32308

14. I 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, with all other like empowered.

SIGNATURE: *(Signature)* Date: Jan 15, 1999 Daytime Phone #: 224-9911