

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90010 014 \*\*\*\*61.25

**DOCUMENT # 703480**

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6020345**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COX, J ALAN**  
**105 WEST 5TH AVENUE**  
**TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	HANNA, JERI	
STREET ADDRESS	1510 BELLEAU WOODS DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	CHASON, THADDEUS J JR	
STREET ADDRESS	3718 LOMA FARM RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOLIN, CALVIN E	
STREET ADDRESS	1114 LIN WOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	AT	<input type="checkbox"/> Delete
NAME	WILLIAMS, H C	
STREET ADDRESS	2509 ARVAH BRANCH BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, EDWARD	
STREET ADDRESS	705 WAVERLY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	AGEE, DAMON	
STREET ADDRESS	3238 DUNGARUIN	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY wife	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	2909 STOKLEY LN	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. DAMON Agee	
STREET ADDRESS	3238 DUNGARUIN	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. C. D. WILLIAM FERGUSON	
STREET ADDRESS	3028 LIVINGSTON RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32307	

12. 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 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:

*SIGNATURE OF SIGNING OFFICER OR DIRECTOR*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/00 850-386-6116

CR2E037 (9/99)