

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90022 034 ****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 32308-5085
 US

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 32308

Name
 Street Address (P.O. Box Number is Not Acceptable)
1660 Metropolitan Circle
 City **FL** Zip Code **32308**

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 _____ (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 NAME	SD GMBRY, THERESA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1510 BELLEAU WOODS DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE NAME	T WOLFE, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	2909 STOKLEY LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE NAME	CD HANNA, RANDY	<input type="checkbox"/> Delete
STREET ADDRESS	1510 BELLEAU WOODS DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE NAME	CD WALKER, EDWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	705 WAVERLY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE NAME	VCD AGEE, DAMON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3238 DUNGARUIN	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	SECY CHASON, DONNA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3718 LOMA FARM Rd	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE NAME	T, VICECHR TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	CHR TRUSTEE, MODERATOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DEACON CHAIR, VICE MODERATOR WILLIE SMITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	912 MICCOSUKEE Rd	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE NAME	DEACON VICECHR CHASON, JACK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3718 LOMA FARM Rd	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

Date **3/13/02** Daytime Phone # **850-386-6116**

CR2E037 (9/01)