## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 703480** 

Entity Name: EAST HILL BAPTIST CHURCH

Apr 22, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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912 MICCOSUKEE ROAD TALLAHASSEE, FL 323085085 US

**Current Mailing Address: New Mailing Address:** 

912 MICCOSUKEE ROAD TALLAHASSEE, FL 323085085 US

FEI Number: 59-6020345 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COX, J ALAN 1660 METROPOLITAN CIRCLE TALLAHASSEE, FL 32303

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete CHASON, DONNA EMBRY, TERESA Name: Name: Address:

3718 LOMA FARM RD Address: 910 MAPLEWOOD DR. City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32303

Title: Title: (X) Change ( ) Addition ( ) Delete Name: WOLFE, LARRY Name: GOODMAN, JUDY Address: 2909 STOKLEY LANE Address: PL-01, THE CAPITOL

City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL. 32399 Title: CTM () Delete Title: (X) Change ( ) Addition

HANNA, RANDY Name: GRAY, JENNY Name: 1510 BELLEAU WOODS DR Address: Address: 1242 BRANDT DR. City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32308

Title: CDVM ( ) Delete Title: (X) Change ( ) Addition

Name: SMITH, WILLIE Name: CHASON, BETTY 912 MICCOSUKEE RD 803 TIMBERVIEW DR. Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

Title: DVC () Delete Title: (X) Change ( ) Addition

CHASON, JACK KELLOW, EARL Name: Name: 3718 LOMA FARM RD 6424 S. WINDWOOD HILLS CIR. Address: Address:

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32311

Title: () Delete Title: ( ) Change (X) Addition HAWKINS, DANNY Name: Name:

Address: Address: 415 WILSON AVENUE TALLAHASSEE, FL 32303 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY HAWKINS D 04/22/2003