

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

08-08-2008 90017 007 \*\*\*\*70.00

**DOCUMENT # 705037**

1. Entity Name  
**EASTSIDE BAPTIST CHURCH INC**



Principal Place of Business  
**630 N EASTSIDE DRIVE  
LAKELAND, FL 33801**

Mailing Address  
**630 N EASTSIDE DRIVE  
LAKELAND, FL 33801**

**40113044**



07312008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2344577**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCHELL, BOBBY  
107 MCKEAN ST  
LAKELAND, FL 33823**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BOBBY SCHELL**

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

(NOTE: Registered Agent Signature required when reinstating)

**8/1/2008**

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC SCHELL, BOBBY 107 MCKEAN ST. AUBURNDALE, FL 33823</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCCLELLAND, RON 3543 ISLAND OAK N LAKELAND, FL 33801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MANSFIELD, LINDA 3185 FORT SOCRUM VILLAGE BLVD. LAKELAND, FL 33810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CUNNINGHAM, LOUIS 4914 ROLLINGLEN LOOP W LAKELAND, FL 33810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **BOBBY SCHELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/1/2008**

Date

Daytime Phone #