

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709093

1. Entity Name

**EASTSIDE BAPTIST CHURCH OF PUNTA GORDA, FLORIDA
INCORPORATED**

Principal Place of Business

6220 GOLF COURSE BLVD.
PUNTA GORDA FL 33982

Mailing Address

6220 GOLF COURSE BLVD.
PUNTA GORDA FL 33982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2316468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, RAYMOND
34999 WASHINGTON LOOP RD
PUNTA GORDA FL 33982**

7. Name and Address of New Registered Agent

Name
ALTON, CHEATHAM

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

18151 WILD PEPPER CT.

City

PUNTA GORDA, FL

FL

Zip Code

33982

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

Alton L. Cheatham

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

(NOTE: Registered Agent signature required when reinstating)

4-14-02

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

TITLE **VPD** ☐ Delete
NAME **HUDSON, LARRY E**
STREET ADDRESS **6826 SW BELVOIR DR**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **STD** ☒ Delete
NAME **JONES, RAYMOND**
STREET ADDRESS **34999 WASHINGTON LOOP ROAD**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **PD** ☐ Delete
NAME **CHEATHAM, ALTON**
STREET ADDRESS **18151 WILD PEPPER CT.**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **BOB HEADRICK**
STREET ADDRESS **1315 NARRANJA ST.**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Change ☒ Addition
NAME **CARL POWELL**
STREET ADDRESS **6366 ELLIOTT ST.**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Alton L. Cheatham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

Date

941-515-5495

Daytime Phone #

0084728

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE