2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 709093

1. Entity Name
EASTSIDE BAPTIST CHURCH OF PUNTA GORDA, FLORIDA INCORPORATED

Principal Place of Business	Mailing Address
6220 GOLF COURSE BLVD. PUNTA GORDA, FL 33982	6220 GOLF COURSE BLVD. PUNTA GORDA, FL 33982

02292004 No Chg-NP CR2E037 (10/03)

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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

ALTON, CHEATHAM
18151 WILD PEPPER COURT
PUNTA GORDA, FL 33982

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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 _____ DATE
Signature, required if this is a change (Registered Agent and title, if applicable) (Registered Agent's signature required on annual report)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	HEADRICK, BOB
STREET ADDRESS	1315 NARRANJA ST
CITY ST ZIP	PUNTA GORDA, FL 33950
TITLE	PD
NAME	CHEATHAM, ALTON
STREET ADDRESS	18151 WILD PEPPER CT.
CITY ST ZIP	PUNTA GORDA, FL 33982
TITLE	D
NAME	POWELL, CARL
STREET ADDRESS	6366 ELLIOTT ST
CITY ST ZIP	PUNTA GORDA, FL 33950
TITLE	D
NAME	HUDSON, LARRY
STREET ADDRESS	6826 SW BELVOIR DR.
CITY ST ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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 Alton L Cheatham 3-01-04 941-575-5495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #