2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709093

FILED Jun 06, 2007 Secretary of State

Entity Name: EASTSIDE BAPTIST CHURCH OF PUNTA GORDA, FLORIDA INCORPORATED

current P	Principal Place of Business:	New Principal Place of Business:
	F COURSE BLVD.	
ONTAG	ORDA, FL 33982	
urrent N	Nailing Address:	New Mailing Address:
	F COURSE BLVD. ORDA, FL 33982	
	:: 59-2316468 FEI Number Applied For (nce with s. 607.193(2)(b), F.S., the corporation	
lame and	d Address of Current Registered Ager	nt: Name and Address of New Registered Agent:
	BELVOIR DRIVE , FL 34266 US	
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or bo
the Stat	e of Florida.	the purpose of changing its registered office or registered agent, or bo
the Stat	e of Florida.	
n the Stat SIGNATU	e of Florida. RE:	
the Stat	e of Florida. RE: Electronic Signature of Registere	d Agent Date
the Stat IGNATU PFFICER tle: ame: ddress:	e of Florida. RE: Electronic Signature of Registere S AND DIRECTORS: D () Delete HEADRICK, BOB 1315 NARRANJA ST	d Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address:
the Stat IGNATU PFFICER ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electronic Signature of Registere S AND DIRECTORS: D () Delete HEADRICK, BOB 1315 NARRANJA ST PUNTA GORDA, FL 33950 D () Delete CHEATHAM, ALTON 18151 WILD PEPPER CT.	d Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LARRY HUDSON PD 06/06/2007