2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709093

Apr 15, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

6220 GOLF COURSE BLVD. PUNTA GORDA, FL 33982

Current Mailing Address: New Mailing Address:

6220 GOLF COURSE BLVD PUNTA GORDA, FL 33982

FEI Number: 59-2316468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THOMPSON, MICHAEL HEAD D
2504 MAGELIAN TERRACE
PUNTA GORDA, FL 33963 US
THOMPSON, MICHAEL HEAD D
2504 MAGELIAN TERRACE
PUNTA GORDA, FL 33963 US

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: MICHAEL THOMPSON 04/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 HEADRICK, BOB
 Name:
 HEADRICK, BOB

 Address:
 1315 NARRANJA ST
 Address:
 3907 SAN ROCCO DR #212

 City-St-Zip:
 PUNTA GORDA, FL 33950
 City-St-Zip:
 PUNTA GORDA, FL 33950

Title: D () Delete Title: () Change () Addition

 Name:
 CHEATHAM, ALTON
 Name:

 Address:
 18151 WILD PEPPER CT.
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33982
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 POWELL, CARL
 Name:

 Address:
 6366 ELLIOTT ST
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33950
 City-St-Zip:

 $\label{eq:title:pd} \textit{Title:} \qquad \textit{PD} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{PD} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

Name:HUDSON, LARRYName:HUDSON, LARRYAddress:6826 SW BELVOIR DR.Address:10780 SW MADISON AVECity-St-Zip:ARCADIA, FL 34266City-St-Zip:ARCADIA, FL 34269

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: MICHAEL THOMPSON HD 04/15/2009