


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 713020 1. Entity Name EASTPOINT COMMUNITY ACTION COMMITTEE, INC.	
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Principal Place of Business SIXTH STREET AT AVENUE A EASTPOINT, FL 32328	Mailing Address P.O. BOX 667 EASTPOINT, FL
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01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6205878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SISUNG, JAMES F. SIXTH STREET AND AVENUE A EASTPOINT, FL 32328

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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	PD SISUNG, JAMES F.E. HWY 98 AT 8 ST. EASTPOINT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT DONALD, JOHNSON 207 NORTH BAY SHORE DR EASTPOINT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SISUNG, ELIZABETH M. HWY 98 AT 8TH ST. EASTPOINT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, ROBERT L 135 HWY 98 EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFANKO, VERN 10TH STREET EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFANKO, JAMES 10TH ST. EASTPOINT, FL

100000235099
02/18/05-80049-001 61.25

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IN THIS SPACE**

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: Donald Johnson DONALD JOHNSON 2-17-05 8506708347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #