

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90297 016 \*\*\*\*61.25

**DOCUMENT # 717275**

1. Entity Name

**EASTSIDE BAPTIST CHURCH OF HAINES CITY, INC.**



Principal Place of Business

**116 NORTH 22ND STREE  
HAINES CITY FL 33844**

Mailing Address

**116 NORTH 22ND STREE  
HAINES CITY FL 33844**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-1290266**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JENNINGS, CHARLES R.  
190 TRINITY CIRCLE  
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME JENNINGS, CHARLES R  
STREET ADDRESS 2308 MASON AVE  
CITY-ST-ZIP HAINES CITY FL ☐ Delete

TITLE TD  
NAME BLUE, EUGENE  
STREET ADDRESS EAST ORANGE ST  
CITY-ST-ZIP DEVENPORT FL ☐ Delete

TITLE D  
NAME BOGGS, MARGARET  
STREET ADDRESS 220 S 3RD STREET  
CITY-ST-ZIP HAINES CITY FL ☒ Delete

TITLE TD  
NAME BLUE, EUGENE  
STREET ADDRESS 203 E ORANGE AVE  
CITY-ST-ZIP DAVENPORT FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME JENNINGS, CHARLES R  
STREET ADDRESS 190 TRINITY CIRCLE  
CITY-ST-ZIP HAINES CITY, FL ☒ Change ☐ Addition

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

TITLE D  
NAME BROOKS, SANDRA  
STREET ADDRESS 84 E. LAKE DRIVE  
CITY-ST-ZIP HAINES CITY, FL ☐ Change ☒ Addition

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

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

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

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:

**CHARLES R JENNINGS 4-15-05 (813) 422-3897**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #