2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 717275

Entity Name: EASTSIDE BAPTIST CHURCH OF HAINES CITY, INC.

Current Principal Place of Business:

116 NORTH 22ND STREE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

116 NORTH 22ND STREE
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-1290266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKWELL, L.B.
515 SAMPLE AVE
LAKE HAMILTON, FL 33851 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLACKWELL, L.B.
Address: 515 SAMPLE AVE
City-St-Zip: LAKE HAMILTON, FL 33851 US

Title: TD ( ) Delete
Name: BLUE, EUGENE
Address: EAST ORANGE ST
City-St-Zip: DAVENPORT, FL 33836 US

Title: T ( ) Delete
Name: TERRY, LEWIS
Address: 194 TARA LANE
City-St-Zip: HAINES CITY, FL 33844 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: BLACKWELL, L.B.
Address: 515 SAMPLE AVE
City-St-Zip: LAKE HAMILTON, FL 33851 US

Title: D (X) Change ( ) Addition
Name: BLUE, EUGENE
Address: EAST ORANGE ST
City-St-Zip: DAVENPORT, FL 33836 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA ( ) Change (X) Addition
Name: GALLIMORE, WYOMA P
Address: 85 TRINITY CIRCLE
City-St-Zip: HAINES CITY, FL 33844 US

Title: CD ( ) Change (X) Addition
Name: NICKS, JOHN
Address: PO BOX 434
City-St-Zip: DAVENPORT, FL 33836 US

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: WYOMA GALLIMORE TREA 04/21/2009

Electronic Signature of Signing Officer or Director — Date