

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747818** (3)

1. Corporation Name

EASTSIDE BAPTIST CHURCH OF DOVER, INC.



Principal Place of Business

**3101 SYDNEY DOVER RD
P O BOX 460
DOVER FL 33527-7460**

Mailing Address

**3101 SYDNEY DOVER RD
P O BOX 460
DOVER FL 33527-7460**

3. Date Incorporated or Qualified
06/26/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **3101 Sydney Dover Rd**

2a. Mailing Address

26 **3101 Sydney Dover Rd**

4. FEI Number
59-1551643

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23 **Dover FL**

City & State

28 **Dover**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

24 **33527**

Country

25 **Hillborough**

Zip

29 **FL 33527**

Country

30 **Hillborough**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIPSON, BRENDA
7702 W FRANKLIN
PLANT CITY FL 33566**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **Brenda Gipson** **Brenda Gipson**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BINGHAM, DEWAYNE**
STREET ADDRESS **3640 SUMNER RD.**
CITY-ST-ZIP **DOVER FL 33527**

TITLE **VD** ☐ DELETE
NAME **PEACOCK, WALLACE**
STREET ADDRESS **2515 AL SIMMONS RD.**
CITY-ST-ZIP **DOVER FL 33527**

TITLE **SD** ☐ DELETE
NAME **NORMAN, CHRIS**
STREET ADDRESS **2905 JAMES MELVIN DR.**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Chris Norman**
1.3 STREET ADDRESS **2905 James Melvin Dr**
1.4 CITY-ST-ZIP **Plant City FL 33565**

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **Chuck Grimes**
2.3 STREET ADDRESS **PO Box 3457**
2.4 CITY-ST-ZIP **Plant City FL 33564-3457**

3.1 TITLE **Secretary** ☒ Change ☐ Addition
3.2 NAME **Bill Morrow**
3.3 STREET ADDRESS **4902 South Wallare Rd**
3.4 CITY-ST-ZIP **Plant City FL 33565**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **D. William Morrow**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)