## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(3)

EASTSIDE BAPTIST CHURCH OF DOVER, INC.

Principal Place of Business	Mailing Address					
3101 SYDNEY DOVER RD DOVER FL 32527 US	3101 SYDNEY DOVER RD DOVER FL 33527-5007 US					
2. Principal Place of Business	2a. Mailing Address					

**FILED** Jun 25 1997 8:00am Secretary of State



Sulle, Apt. #, etc.    Sulle, Apt. #, etc.												
DOVER FL 39327-5007 US  3. Date incorporated or Qualified 3. Date of Last Report 00/26/1978 3. Date incorporated or Qualified 3. Date of Last Report 05/07/1996  2. Principal Place of Business 2. Principal Place of Business 2. Sulfe, Apt. #, etc. 3. Sulfe, Apt. #, etc. 5. Certificate of Status Desired 3. Election Campaign Financing City & State 2. Desired 2. Principal Place of Business 3. Date incorporated or Qualified 3. Date of Last Report 05/07/1996  4. Applied For 55-1501643  Sulfe, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Fee Required 4. Fit Reports Fee Required Fee Required 4. Fit Reports Fee Required 5.5.00 May 86 Added to Fees Fee Required Fee Required 7 Trust Fund Contribution  2. The Corporation has lability for Indiagoble tax under s. 190,032, Florida Statutes 1. Name  QIPSON, BRENDA 7702 W FRAMKLIN PLANT CITY FL 33566  4. City FEL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0503, Florida Statutes, flow above named corporation submits this statement for the purpose of changing its registered signful. I am Institute with, and accept the obligations of, Section 617,0503, Florida Statutes, flow above named corporation submits this statement for the purpose of changing its registered signful. I am Institute with, and accept the obligations of, Section 617,0503, Florida Statutes  83 City State Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections of 17,0503, Florida Statutes, flow above named corporation submits this statement for the purpose of changing its registered signful. I am Institute with, and accept the obligations of, Section 617,0503, Florida Statutes, flow above named corporation submits this statement for the purpose of changing its registered signful. I am Institute with, and accept the obligations of, Secti	Principal Place of Business Mailing Address						4 700(UL 100H) BEOFF 2000U 1010H 1704	FB[1     FI]		AF QFBA1 1061		
3. Date (nocopropated of Qualified 160/26/1979 3a. Date (nocopropated of Qualified 160/26/1978 3a. Date (nocopropated of Qualified 160/26/1978 3b. Date (nocopropated 160/26/1978 3b. Date (nocopropa	DOVER FL 32527 DOVER FL 33527-5007											
Suite, Apt. #, etc.			•		•		3. Date incorporated or Qualified 06/26/1979					
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.	Principal Place of Business     2a. Mailing Address							<del>    ' '    </del>				
City & State  Ci	21						Hot Applicable					
Zip	Sulte, Apt. 4	#, etc.					1 6 Continents of Status Desired					
Section   Sect	— ·	•	<del></del>				1 7 7 7					
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent		Country										
GIPSON, BRENDA 7702 W FRANKLIN PLANT CITY FL 33566  4  City  FL BS Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was author/zed by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Such change was author/zed by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Such change was author/zed by the corporation's board of directors. I hereby accept the appointment as registered agent age	24			30								
GIPSON, BRENDA 7702 W FRANKLIN PLANT CITY FL 33566  4  City PL BS Zip Code  82  Street Address (P.O. Box Number is Not Acceptable)  83  64  65  67  67  67  67  67  67  67  67  67		9. Name and Address of Curre	nt Registered Agent									
T702 W FRANKLIN PLANT CITY RL 33566  #8   End   City   FFL   B5   Zip Code    11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes. The end office or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  **Signature** byed of prired rame of registered agent and tale if approache: (NOTE Registered Agent signature inquired when reinstating): DATE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  **ITLE** PD   DELETE   11 TITLE   DELETE   11 TITLE   DOWNER FL. 33527  **ITLE** DOVER FL. 3352				8	1 Name	9						
PLANT CITY FL 33566    83     84   City     FL   85   Zip Code				82 Stre			Address (P.O. Box Number is Not Acceptable)					
## City   FL   85   Zip Code    11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the appointment of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.    SIGNATURE					4							
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. Thereby accept the appointment as registered agent, and the displicable (NOTE Registered Agent bignature required when reinitating)  12.	PLANIC	3117 FL 33566		١	٦							
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 and sceep the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature		il,		8	4 City			FL 8	Zip C	ode		
Signature, typed of printed name of registered agent and tile of applicable.   (NOTE: Rogistered Agent signature required when reinstating)   DATE	office or re	enistered egent, or both, in the State	of Florida. Such change was a	outhorized.	hy the co	d corporation	ation submits this statement for the 's board of directors. I hereby acce	purpose of cha pt the appointr	nging its nent as r	registered egistered		
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  WILE  PD  BINGHAM, DEWAYNE  3840 SUMNER RD.  OTY-S1-ZIP  DOVER FL 33527  TITLE  PEACOCK, WALLACE  STREET ADDRESS  CITY-S1-ZIP  DOVER FL 33527  Addition  NORMAN, CHRIS  32 NAME  33 STREET ADDRESS  GITY-S1-ZIP  PLANT CITY FL 33565  DELETE  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition	SIGNATURE _							D.17/				
TITLE BINGHAM, DEWAYNE STREET ADDRESS OCTY- ST-ZIP DOVER FL 33527  TITLE VD NAME PEACOCK, WALLACE STREET ADDRESS CITY-ST-ZIP TITLE SD NORMAN, CHRIS STREET ADDRESS CITY-ST-ZIP NAME NORMAN, CHRIS STREET ADDRESS CITY-ST-ZIP Change Addition Addition Change Addition					geni signatu	re required			RECTORS	S IN 12		
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 0.4 CITY-ST-ZIP 0.	CITY-ST-ZIP	y partifu that the information e-malic	ad with this filing does not availa			etaled in	Section 119 07/3V// Florida Statut	es I further cor	tifu that t	he		

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.