
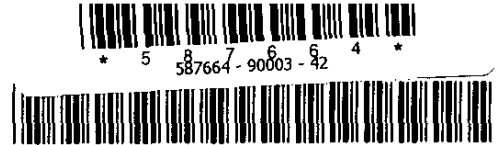


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90003 042 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 747818					
1. Corporation Name EASTSIDE BAPTIST CHURCH OF DOVER, INC.					
Principal Place of Business 3101 SYDNEY DOVER RD DOVER FL 32527 US			Mailing Address 3101 SYDNEY DOVER RD DOVER FL 33527 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1979	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1551643	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30	

9. Name and Address of Current Registered Agent KELLEY, KAREN J 4522 SWINGER RD DOVER FL 33527				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

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 **Karen J. Kelley, Secretary**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/7/99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input checked="" type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME PD GRIMES, CHUCK				1.2 NAME KIDD, JOEL			
STREET ADDRESS 4540 WEST KNIGHTS GRIFFEN ROAD				1.3 STREET ADDRESS PO BOX 24			
CITY-ST-ZIP PLANT CITY FL 33564				1.4 CITY-ST-ZIP DOVER FL 33527			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME VD MORROW, BILL				2.2 NAME			
STREET ADDRESS 1902 SOUTH WALLACE ROAD				2.3 STREET ADDRESS			
CITY-ST-ZIP PLANT CITY FL 33567				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SD SEWELL, RONALD				3.2 NAME			
STREET ADDRESS 2321 CROSBY ROAD				3.3 STREET ADDRESS			
CITY-ST-ZIP VALRICO FL 33594				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL KIDD, 7/7/99 (813) 659-1900

Date

Daytime Phone #