AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 5:32

DOCUMENT # 747818

Entity Name

EASTSIDE BAPTIST CHURCH OF DOVER, INC.

Principal Place of Business	Mailing Address
SYDNEY DOVER RD FL 33527	3101 SYDNEY DOVER RD DOVER FL 33527-6012 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite Apt. # etc.	Suite Apt. # etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1551643 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLEY, KAREN J
4522 SWINGER RD
DOVER FL 33527

7. Name and Address of New Registered Agent

Name: Christopher H. Norman

Street Address (P.O. Box Number is Not Acceptable):
Hines Norman & Associates, P.L.
315 South Hyde Park Avenue

City: Tampa FL Zip Code: 33606

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: [signature] DATE: 10/27/00

Typed or printed name of registered agent and title if applicable: Christopher H. Norman

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

[redacted] to Secretary of State

OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
PD Norman, Christopher H. 2905 James Melvin Drive Plant City, Florida 33565			000003465220--6 -11/15/00--01118--014 *****61.25
SD Morrow, D. William 4902 South Wallace Road Plant City, Florida 33567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition *****61.25
VD Taylor, Harry D. 13931 Walden Sheffield Road Dover, Florida 33527	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 10/27/00 (813)251-8659

Christopher H. Norman, as President