

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760851

1. Entity Name

EASTSIDE ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business

3610 E. 14TH ST.
P. O. BOX 3625
PANAMA CITY FL 32401

Mailing Address

3610 E. 14TH ST.
P. O. BOX 3625
PANAMA CITY FL 32401-0625
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2244336

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR ALICE

1509 WYOMING AVE
LYNN HAVEN FL 32444

Name

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

City

FL

Zip Code

8. 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

Alice Taylor ST.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	SPENCE, SAM	
STREET ADDRESS	2224 E BALDWIN RD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPENCE, THOMAS	
STREET ADDRESS	2921 AVON RD.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOODWIN, RICHARD JR.	
STREET ADDRESS	6020 E. HWY 22	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TAYLOR, BILLY	
STREET ADDRESS	1509 WYOMING AVE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TAYLOR, ALICE	
STREET ADDRESS	1509 WYOMING AVE.	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, JULIUS	
STREET ADDRESS	11710 OLD BICYCLE RD.	
CITY-ST-ZIP	PANAMA CITY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELDRIDGE, SIDNEY	
STREET ADDRESS	7220 ROAD RUNNER RD	
CITY-ST-ZIP	YOUNGSTOWN, FL 32466	

12. 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:

Alice Taylor ST.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-16-00

Daytime Phone #

850--

769-9999 EX483

CR2E037 (9/99)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90031 018 ****61.25

C0009383



DO NOT WRITE IN THIS SPACE