

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91554 009 ****61.25

DOCUMENT # 760851

1. Entity Name

EASTSIDE ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

3610 E 14th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FLA

Zip

Country

Zip

Country

32404

USA

4. FEI Number

59-2244336

Applied For

Not Applicable

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)

04-18-02

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** ☐ Delete
 NAME **SPENCE, SAM**
 STREET ADDRESS **2224 E BALDWIN RD**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **SPENCE, THOMAS**
 STREET ADDRESS **2921 AVON RD.**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **GOODWIN, RICHARD JR.**
 STREET ADDRESS **6020 E. HWY 22**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **MOON, JAMES**
 STREET ADDRESS **931 SOUTH KATHEINE AVENUE**
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **TAYLOR, ALICE**
 STREET ADDRESS **1509 WYOMING AVE.**
 CITY-ST-ZIP **LYNN HAVEN FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TR** ☐ Delete
 NAME **CORLETT, CHARLES**
 STREET ADDRESS **113 EAST 8TH STREET**
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **TR** ☒ Change ☐ Addition
 NAME **James P Mills**
 STREET ADDRESS **1207 Frankford Ave**
 CITY-ST-ZIP **Panama City, FL 32401**

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02
 Date

850-769-9999
 Daytime Phone

CR2E037 (9/01)