

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 760851**

1. Entity Name

EASTSIDE ASSEMBLY OF GOD CHURCH, INC.



Principal Place of Business

3610 E. 14TH ST.  
PANAMA CITY FL 32404

Mailing Address

3610 E. 14TH ST.  
PANAMA CITY FL 32404  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

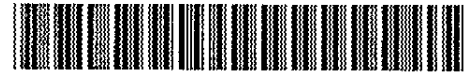
City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

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

TAYLOR ALICE  
1509 WYOMING AVE  
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Alice Taylor*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*02-12-04*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE: TR  
NAME: MILLS, JAMES P ☐ Delete  
STREET ADDRESS: 1207 FRANKFORD AVE  
CITY- ST- ZIP: PANAMA CITY FL 32401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: U00000054390  
STREET ADDRESS: 02/16/04-80167-025 61.25  
CITY- ST- ZIP: -

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

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

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CITY- ST- ZIP: -

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

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

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*

*ALICE TAYLOR*

*02-12-04*

*850-747-4483*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #