


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90089 014 ****70.00

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-2244336
5. Certificate of Status Desired <input checked="" type="checkbox"/>					Applied For <input type="checkbox"/> Not Applicable
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 Phillips, Gelaine Street Address (P.O. Box Number is Not Acceptable) 3610 E 14th Street City Panama City FL Zip Code 32404
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SPENCE, SAM 2224 E BALDWIN RD PANAMA CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Phillips Tarrell Fourth Circle PO Box 1555 Lynn Haven FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPENCE, THOMAS 2921 AVON RD. PANAMA CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bradberry, Larry 1301 Harrison Ave Panama City FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODWIN, RICHARD JR. 6020 E. HWY 22 PANAMA CITY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Worley Roger D. 12127 Raccoon Rd South Port FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOON, JAMES 931 SOUTH KATHEINE AVENUE PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Goodwin Shane 319 Sanders Lane Panama City FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAYLOR, ALICE 1509 WYOMING AVE. LYNN HAVEN, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Phillips Gelaine Fourt Circle PO Box 1555 Lynn Haven FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MILLS, JAMES P 1207 FRANKFORD AVE PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Spence Linda 2921 Avon Rd Panama City FL 32405
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: Gelaine Phillips/Gelaine Phillips				1-18-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
<small>Daytime Phone #</small>				850 265-1983	

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