

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90012 017 \*\*\*\*61.25

<b>DOCUMENT # 760851</b> 1. Entity Name <b>EASTSIDE ASSEMBLY OF GOD CHURCH, INC.</b>					
Principal Place of Business <b>3610 E. 14TH ST. PANAMA CITY FL 32404</b>			Mailing Address <b>3610 E. 14TH ST. PANAMA CITY FL 32404 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <div style="text-align: right;"><b>59-2244336</b></div>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>PHILLIPS, GELAINE 3610 EAST 14TH STREET PANAMA CITY FL 32404</b>			7. Name and Address of New Registered Agent Name <b>Spence, Linda D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3610 East 14th Street</b> City <b>Panama City</b> <b>FL</b> Zip Code <b>32404</b>		
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       DATE <b>1-21-06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>10</b> <input type="checkbox"/> Delete NAME <b>SPENCE, SAM</b> STREET ADDRESS <b>2224 E BALDWIN RD</b> CITY-ST-ZIP <b>PANAMA CITY FL</b>			TITLE <b>P/C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Spence, Sam</b> STREET ADDRESS <b>2224 E. Baldwin Rd.</b> CITY-ST-ZIP <b>P.C. FL</b>		
TITLE <b>10</b> <input type="checkbox"/> Delete NAME <b>SPENCE, THOMAS</b> STREET ADDRESS <b>2921 AVON RD.</b> CITY-ST-ZIP <b>PANAMA CITY FL</b>			TITLE <b>S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Spence, Linda</b> STREET ADDRESS <b>2921 AVON RD.</b> CITY-ST-ZIP <b>Panama City, FL</b>		
TITLE <b>ST</b> <input checked="" type="checkbox"/> Delete NAME <b>PHILLIPS, GELAINE</b> STREET ADDRESS <b>FOURTH CIRCLE PO BOX 1555</b> CITY-ST-ZIP <b>LYNN HAVEN FL 32444</b>			TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Shang Goodwin, Shang</b> STREET ADDRESS <b>319 Sanders Lane</b> CITY-ST-ZIP <b>P.C. FL</b>		
TITLE <b>TD</b> <input checked="" type="checkbox"/> Delete NAME <b>PHILLIPS, TARRELL</b> STREET ADDRESS <b>FOURTH CIRCLE PO BOX 1555</b> CITY-ST-ZIP <b>LYNN HAVEN FL 32444</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>T</b> <input checked="" type="checkbox"/> Delete NAME <b>BRADBERRY, LARRY</b> STREET ADDRESS <b>1301 HARRISON AVENUE</b> CITY-ST-ZIP <b>PANAMA CITY FL 32401</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>WORLEY, ROGER D</b> STREET ADDRESS <b>12127 RACCOON ROAD</b> CITY-ST-ZIP <b>SOUTH PORT FL 32409</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:      **Linda D. Spence**      **1-21-06**      **850-747-1451**