

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001135**

1. Entity Name  
**EASTSIDE BAPTIST CHURCH OF LABELLE, INC.**



Principal Place of Business  
**601 HICKPOOCHEE  
LABELLE, FL 33935**

Mailing Address  
**P.O. BOX 296  
LABELLE, FL 33975**



01232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0490336**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ELVER, RALPH  
461 S MAIN SRT  
LABELLE, FL 33935**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOWARD, MERTON  
329 POLYWOG PT  
LABELLE, FL 33935**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LANGFORD, OSCAR  
851 S MAIN ST  
LABELLE, FL 33935**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PERKINS, VERNON  
P.O.BOX 1377  
LABELLE, FL 33935**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOLLAND, ANN  
P.O.BOX 783  
LABELLE, FL 33935**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000641778  
03/01/07-80013-015 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 28, 2007 863-675-0021**

Date

Daytime Phone #

**VERNON PERKINS**