

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001135

FILED
Feb 01, 2009
Secretary of State

Entity Name: EASTSIDE BAPTIST CHURCH OF LABELLE, INC.

Current Principal Place of Business:

601 HICKPOOCHEE
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 296
LABELLE, FL 33975

New Mailing Address:

FEI Number: 05-0490336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PARTAIN, CAROL
150 S MAIN ST
SUITE 1
LABELLE, FL 33935 US

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: CAROL PARTAIN

02/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: HOWARD, MERTON
Address: 329 POLYWOG PT
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: PRATT, DWAYNE
Address: 950 CALOOSA ESTATES DR
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: PERKINS, VERNON
Address: P.O.BOX 1377
City-St-Zip: LABELLE, FL 33935

Title: D (X) Delete
Name: HOWARD, MATTHEW
Address: 375 POLLYWOG POINT
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWAYNE PRATT

D

02/01/2009

Electronic Signature of Signing Officer or Director

Date