2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# N02000003518

Entity Name: EPPS CHRISTIAN CENTER, INC.

Current Principal Place of Business:

325 NORTH A STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

6250 COLLEGE BLVD
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 36-4495645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TISDALE, SYLVIA E
325 NORTH A STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TISDALE, SYLVIA E
Address: 6250 COLLEGE BLVD
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: HILL, ROBERT
Address: 312 S. MILE ROAD
City-St-Zip: PENSACOLA, FL 32513

Title: D ( ) Delete
Name: TISDALE, PAMELA
Address: 6250 COLLEGE BLVD.
City-St-Zip: PENSACOLA, FL 32504

Title: TD ( ) Delete
Name: TISDALE, JOSHUA
Address: 6250 COLLEGE BLVD
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: LAMPKINS, BERTHA
Address: 2817 HILLCREST AVE.
City-St-Zip: PENSACOLA, FL 32526

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D (X) Change ( ) Addition
Name: BLAIR, BRUCE
Address: 607 PALM CRT
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Change (X) Addition
Name: BLAIR, DONNA
Address: 607 PALM CRT
City-St-Zip: PENSACOLA, FL 32505

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SYLVIA E. TISDALE PD 04/05/2005

Electronic Signature of Signing Officer or Director — Date