

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004885

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: EAST COAST BELIEVERS CHURCH, INC.

**Current Principal Place of Business:**

5358 BIRCHBEND LOOP  
OVIEDO, FL 32765

**New Principal Place of Business:**

1759 W BROADWAY STREET SUITE 6  
OVIEDO, FL 32765

**Current Mailing Address:**

P.O. BOX 621496  
OVIEDO, FL 32762 US

**New Mailing Address:**

FEI Number: 61-1417795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUBOIS, NORMAN L  
5358 BIRCHBEND LOOP  
OVIEDO, FL 32765

**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: P ( ) Delete  
Name: DUBOIS, NORMAN L  
Address: 5358 BIRCHBEND LOOP  
City-St-Zip: OVIEDO, FL 32765

Title: V ( ) Delete  
Name: DUBOIS, DINA  
Address: 5358 BIRCHBEND LOOP  
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete  
Name: MOSELY, RALPH E  
Address: 3963 SOUTH HIGHWAY 97 # 317  
City-St-Zip: SAND SPRINGS, OK 74063

**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:

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: NORMAN DUBOIS

PRES

01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date