

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004885

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: EAST COAST BELIEVERS CHURCH, INC.

**Current Principal Place of Business:**

1759 W BROADWAY STREET SUITE 6  
OVIEDO, FL 32765

**New Principal Place of Business:**

**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 US

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

DUBOIS, NORMAN L  
1082 ALVINA LANE  
OVIEDO, FL 32765 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:

01/04/2005

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: P (X) Change ( ) Addition  
Name: DUBOIS, NORMAN L  
Address: 1082 ALVINA LANE  
City-St-Zip: OVIEDO, FL 32765

Title: V (X) Change ( ) Addition  
Name: DUBOIS, DINA  
Address: 1082 ALVINA LANE  
City-St-Zip: OVIEDO, FL 32765

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 L DUBOIS

PRES

01/04/2005

Electronic Signature of Signing Officer or Director

Date