

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008596

FILED
Apr 27, 2006
Secretary of State

Entity Name: EAST GATE CHURCH OF WELLINGTON, INC.

Current Principal Place of Business:

11586 PIERSON RD. L4-5
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

11586 PIERSON RD. L4-5
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 30-0130603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADORE, PAMELA
11863 WIMBLEDON CIRCLE #410
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

MADORE, PAMELA
11794 WIMBLEDON CIRCLE
WELLINGTON, FL 33414 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:

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MADORE, PAMELA E
Address: 11863 WIMBLEDON CIRCLE 410
City-St-Zip: WELLINGTON, FL 33414

Title: DS () Delete
Name: MADORE, TIMOTHY
Address: 11863 WIMBLEDON CIRCLE #410
City-St-Zip: WELLINGTON, FL 33414

Title: DT () Delete
Name: SHEFFIED, ANGELA
Address: 11202 ELAINE STREET
City-St-Zip: AMARILLO, TX 79119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MADORE, PAMELA E
Address: 11794 WIMBLEDON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: DS (X) Change () Addition
Name: MADORE, TIMOTHY
Address: 11794 WIMBLEDON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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 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: PAMELA MADORE

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date