2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## FILED DOCUMENT # N02332 Apr 24, 2006 08:00 AN Secretary of State 1. Entity Name THE EASTERN AVENUE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 1001 EASTERN AVENUE PO BOX 701209 101 - 10TH STREET SAINT CLOUD FL 34769 SAINT CLOUD FL 34770-1209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2758561 Not Applicable Zip Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIGSBY, BILLY R. Street Address (P.O. Box Number is Not Acceptable) 1001 EASTERN AVENUE ST. CLOUD FL 34771 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature reginned when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State The second second second કેન્દ્ર સાર્ક્ષ્ટ્ર પહું કેઇ કે પ્રકૃ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. THLE TITLE ☐ Delete ☐ Change Addition 1100000533896 OGDEN, VERNON M NAME US/06/06-80140-024 81.25 3587 STAR SHOWER CT STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Change TITLE ☐ Delete TITLE ☐ Addition HARTSOFF, HIRAM NAME STREET ADDRESS 309 17TH ST. STREET ADDRESS SAINT CLOUD FL 34769 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME RIGSBY, BILLY NAME STREET ADDRESS 2435 BARLOU CT STREET ADDRESS CITY-ST-ZIP SAINT CLOUD FL 34771 CITY - ST - ZIP TITLE Delete TITLE ☐ Chance ☐ Addition MAME PARAS, SUSIE NAME STREET ADDRESS 3035 HAM BROWN ROAD STREET ADDRESS CffY-St-ZIP KISSIMMEE FL 34746 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7:P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUDU (WAS SUSIE P)
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susie Paras