


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02332</b>	
<b>1. Entity Name</b>  THE EASTERN AVENUE BAPTIST CHURCH, INC.	

<b>Principal Place of Business</b>  1001 EASTERN AVENUE 101 - 10TH STREET SAINT CLOUD FL 34769 US	<b>Mailing Address</b>  PO BOX 701209 SAINT CLOUD FL 34770-1209 US
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
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<b>Suite, Apt. #, etc.</b>	<b>Suite, Apt. #, etc.</b>
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<b>City &amp; State</b>	<b>City &amp; State</b>
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<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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<b>1st MOORE</b>	<b>CR2E037 (10/06)</b>
<b>4. FEI Number</b> <b>59-2758561</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  RIGSBY, BILLY R. 1001 EASTERN AVENUE ST. CLOUD FL 34771	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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**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 Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<b>D</b> <b>OGDEN, VERNON M</b> <b>3587 STAR SHOWER CT</b> <b>KISSIMMEE FL 34744</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000694189</b> <b>04/17/07-80008-007 61.25</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<b>TD</b> <b>HARTSOFF, HIRAM</b> <b>309 17TH ST.</b> <b>SAINT CLOUD FL 34769</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<b>P</b> <b>RIGSBY, BILLY</b> <b>2435 BARLOU CT</b> <b>SAINT CLOUD FL 34771</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<b>ST</b> <b>PARAS, SUSIE</b> <b>3035 HAM BROWN ROAD</b> <b>KISSIMMEE FL 34746</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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:** Susie Paras sec/treas. **4-6-07** **407-847-9269**