2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003439

FILED Apr 05, 2008 Secretary of State

Entity Name: EAST PALMETTO CHURCH OF CHRIST, INC

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	H ST. CIR. EAST O, FL 34221			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	H ST. CIR. EAST O, FL 34221			
FEI Number	: FEI Number Applied For	() FEI Number Not Applicable (X)	Certificate of Status Desired (X)	
Name and	Address of Current Registered Age	ent: Name and Address	of New Registered Agent:	
8219 47TI PALMETT The above	LESTER SR. H ST CIR. EAST O, FL 34221 US named entity submits this statement for a company of the company of th	or the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Register	ed Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	P. () Delete BROWN, LESTER SR.	Title: Name:	() Change () Addition	
City-St-Zip:	4219 47TH ST. CIR. EAST PALMETTO, FL 34221	Address: City-St-Zip:	() Orlange () Addition	
City-St-Zip: Title: Name: Address:		Address:	() Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	PALMETTO, FL 34221 VP () Delete STRONG, LEO 618 12TH ST DR. WEST	Address: City-St-Zip: Title: Name: Address:	· , · · · · · · · · · · · · · · · · · ·	
	PALMETTO, FL 34221 VP () Delete STRONG, LEO 618 12TH ST DR. WEST PALMETTO, FL 34221 TRES () Delete DOSS, OSCAR 113 12TH AVENUE WEST	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: LESTER BROWN ,SR P 04/05/2008