

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002563

FILED
Mar 20, 2008
Secretary of State

Entity Name: EASTSIDE FELLOWSHIP INC

Current Principal Place of Business:

3302 EASTMONTE DRIVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:
3302 EASTMONTE DRIVE
VALRICO, FL 33594

New Mailing Address:

917 E BRANDON BLVD
BRANDON, FL 33511

FEI Number: 20-8610734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HITTINGER, KRAIG
3302 EASTMONTE DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HITTINGER, KRAIG
Address: 3302 EASTMONTE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VP (X) Delete
Name: DEARMAN, CHRIS
Address: 465 BENTMOOR WAY
City-St-Zip: HELENA, AL 35080

Title: D (X) Delete
Name: RHODES, KEDRON
Address: 5208 GARNER PLACE
City-St-Zip: SEFFNER, FL 33584

Title: D (X) Delete
Name: MOORE, MELISSA
Address: 211 N BANNOCKBURN AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D (X) Delete
Name: HITTINGER, DEANN
Address: 3302 EASTMONTE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D (X) Delete
Name: RHODES, AMELIA
Address: 5208 GARNER PLACE
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KRAIG HITTINGER

P

03/20/2008

Electronic Signature of Signing Officer or Director

Date