

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000011300

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** EAST POINTE COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

1800 ALAFAYA WOODS BLVD  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 621126  
OVIEDO, FL 327621126 US

**New Mailing Address:**

**FEI Number:** 03-0445330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNDERWOOD, WILLIAM C  
314 MONTROSE ST  
WINTER SPRINGS, FL 327085312 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  
Name: UNDERWOOD, WILLIAM C PASTOR  
Address: 314 MONTROSE ST  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: ST  
Name: PORTER, CAROL R  
Address: 3965 BUGLERS REST PLACE  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D  
Name: PORTER, KENNETH A  
Address: 3965 BUGLERS REST PLACE  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D  
Name: HINES, CHARLES  
Address: 2600 HOWARD AVE  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: CAROL R. PORTER

ST

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date