

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10783 (1)

1. Corporation Name

**EASTSIDE BAPTIST CHURCH, INC., OF LAKE CITY, FLO
RIDA**



Principal Place of Business

Mailing Address

**10 JAMES STREET
P.O. BOX 10
LAKE CITY FL 32056-7010
US**

**POST OFFICE BOX 10
P.O. BOX 10
LAKE CITY FL 32056-7010
US**

3. Date Incorporated or Qualified
08/21/1985

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2444446

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN, DENWARD
RT 4, BOX 194
LAKE CITY FL 32055**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PCD MORGAN, DENWARD**

1.2 NAME

STREET ADDRESS **RT. 4, BOX 194**

1.3 STREET ADDRESS

CITY-ST-ZIP **LAKE CITY FL**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VCD CLARK, BOBBY C.**

2.2 NAME

STREET ADDRESS **RT 6, BOX 430D**

2.3 STREET ADDRESS

CITY-ST-ZIP **LAKE CITY FL**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **SD CLARK, SHIRLEY**

3.2 NAME

STREET ADDRESS **RT 6 BOX 430D**

3.3 STREET ADDRESS

CITY-ST-ZIP **LAKE CITY FL**

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **TD HILL, ADA**

4.2 NAME

STREET ADDRESS **RT 5, BOX 933-B**

4.3 STREET ADDRESS

CITY-ST-ZIP **LAKE CITY FL**

4.4 CITY-ST-ZIP

**TD DICKS, LAVERNE
RT. 6, BOX 430
LAKE CITY, FL 32025**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Denward Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96

Date

904-7821237

Daytime Phone #

CR2E037 (12/95)