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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32056-0010  
US



3. Date Incorporated or Qualified  
08/21/1985

3a. Date of Last Report  
04/17/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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  
NAME PCO  
STREET ADDRESS MORGAN, DENWARD  
CITY - ST - ZIP RT. 4, BOX 194  
LAKE CITY FL

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME Treasurer  
1.3 STREET ADDRESS Brenda T. Jones  
1.4 CITY - ST - ZIP Rt. 6 Box 331 A  
Lake City, FL 32055

TITLE ☐ DELETE  
NAME VCD  
STREET ADDRESS CLARK, BOBBY C.  
CITY - ST - ZIP RT 6, BOX 430D  
LAKE CITY FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS CLARK, SHIRLEY  
CITY - ST - ZIP RT 6 BOX 430D  
LAKE CITY FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☒ DELETE  
NAME TD  
STREET ADDRESS DICKS, LAVERNE  
CITY - ST - ZIP RT 6 BOX 430  
LAKE CITY FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Laverne Dicks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000047

CR2E037 (9/96)