

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10783

1. Entity Name

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

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90246 027 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

POST OFFICE BOX 10  
P.O. BOX 10  
LAKE CITY FL 32056-0010  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2444446**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PCD** ☐ Delete  
NAME **MORGAN, DENWARD**  
STREET ADDRESS **RT. 4, BOX 194**  
CITY-ST-ZIP **LAKE CITY FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **I** ☐ Delete  
NAME **JONES, BRENDA T.**  
STREET ADDRESS **RT. 6, BOX 331A**  
CITY-ST-ZIP **LAKE CITY FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bobby Clark* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-00

Date

904-758-3000 01226

Daytime Phone #

CR 11-7 (9/99)