

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90037 024 ****61.25

DOCUMENT # N10783

1. Entity Name

**EASTSIDE BAPTIST CHURCH, INC., OF LAKE CITY,
FLORIDA**



Principal Place of Business

**196 S.E.
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 32056-7010
US**

94014361



MOORE CR2E037 (11/03)

2. Principal Place of Business

196 S.E. James Ave

3. Mailing Address

Suite, Apt. #, etc.

**(new 911
address)**

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME **VCD**
STREET ADDRESS **PETTY, ZIMMIE**
CITY-ST-ZIP **RT 15 BOX 4432
LAKE CITY FL 32024**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **BLACKIE, KEITH**
CITY-ST-ZIP **RT 18 BOX 731-18
LAKE CITY FL 32025**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NASH, DEWAYNE**
CITY-ST-ZIP **RT. 17 BOX 951
LAKE CITY FL 32055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☒ Addition
NAME **EVELYN SUMMERS**
STREET ADDRESS **3015 SE OSCEOLA PLACE**
CITY-ST-ZIP **LAKE CITY FL 32025**

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/04