


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90058 043 ****61.25

DOCUMENT # N10783	
1. Entity Name	
EASTSIDE BAPTIST CHURCH, INC., OF LAKE CITY, FLORIDA	

Principal Place of Business	Mailing Address
196 SE JAME AVE. LAKE CITY FL 32056-7010 US	POST OFFICE BOX 10 P.O. BOX 10 LAKE CITY FL 32056-7010 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number	59-2444446	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PCD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, DENWARD	NAME	
STREET ADDRESS	RT. 4, BOX 194	STREET ADDRESS	2205 SW Mayo Rd
CITY-ST-ZIP	LAKE CITY FL	CITY-ST-ZIP	Lake City, FL 32024
TITLE	VCD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTY, ZIMMIE	NAME	
STREET ADDRESS	RT 15 BOX 4432	STREET ADDRESS	946 SW Cannon Creek Rd
CITY-ST-ZIP	LAKE CITY FL 32024	CITY-ST-ZIP	Lake City, FL 32024
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, EVELYN	NAME	
STREET ADDRESS	3046 SE OSCEOLA PLACE	STREET ADDRESS	207 SE Osceola Place
CITY-ST-ZIP	LAKE CITY FL 32025	CITY-ST-ZIP	Lake City, FL 32025
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, DEWAYNE	NAME	
STREET ADDRESS	RT. 17 BOX 951	STREET ADDRESS	2629 NW Nash Rd
CITY-ST-ZIP	LAKE CITY FL 32055	CITY-ST-ZIP	Lake City, FL 32055
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D Morris Saunders
STREET ADDRESS		STREET ADDRESS	328 SE Deerwood Glen
CITY-ST-ZIP		CITY-ST-ZIP	Lake City, FL 32025
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Evelyn S. Summers 1/27/05 386-758-9035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #