

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N10783**

1. Entity Name  
**EASTSIDE BAPTIST CHURCH, INC., OF LAKE CITY,  
FLORIDA**



Principal Place of Business  
**496 SE JAME AVE. JAMES  
LAKE CITY, FL 32025 US**

Mailing Address  
**POST OFFICE BOX 10  
P.O. BOX 10  
LAKE CITY, FL 32056-0010 US**



01192007 No Chg-NP

CR2E037 (4/06)

**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**

**MORGAN, DENWARD  
2205 SW MAYO RD  
LAKE CITY, FL 32024**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MORGAN, DENWARD 2205 SW MAYO RD LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD PETTY, ZIMMIE 946 SW CANNON CREEK RD LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUNDY, IRIS P 934 NW INDIAN SHORE DR LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAUNDERS, CONSTANCE S 328 SE DEERWOOD GLENN LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000692044  
04/13/07-80035-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**DENWARD MORGAN 4-1-07**

Date

Daytime Phone #

386-752-1737