

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-11-2003 90073 014 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2/

DOCUMENT # N10783

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



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 32056-7010
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite/Apt. #, etc.

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**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Dewayne Nash
Rt. 17 Box 951
Lake City, FL 32055** ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/03
Date

386-752-0601
Daytime Phone

CR2E037 (10/02)