

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N15684

1. Entity Name
EAST HILL CHURCH OF CHRIST OF PENSACOLA, INC.



Principal Place of Business
2678 E NINE MILE RD
PENSACOLA, FL 32504 US

Mailing Address
PO BOX 10785
PENSACOLA, FL 32504 US

DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2714242

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPOHN, ROBERT D.
3720 FOREST GLEN DR
PENSACOLA, FL 32504

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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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPOHN, ROBERT D
STREET ADDRESS	3720 FOREST GLEN
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	HASTINGS, BILL
STREET ADDRESS	2262 STALLION ROAD
CITY-ST-ZIP	CANTONMENT, FL
TITLE	D
NAME	BASTON, ROBERT T.
STREET ADDRESS	700 CHADWICK ST
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	EUBANKS, HARDY N
STREET ADDRESS	4918 FOREST CREEK DRIVE
CITY-ST-ZIP	PAGE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/05-80021-015 61.25

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IN THIS SPACE**

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 #