

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

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N15684**

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



Principal Place of Business  
**2078 E NINE MILE RD  
PENSACOLA, FL 32504 US**

Mailing Address  
**PO BOX 10785  
PENSACOLA, FL 32504 US**



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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

000000581426  
01/10/07-80085-024 61.25

**10. OFFICERS AND DIRECTORS**

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

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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

*Jan. 7, 2007*  
Date Daytime Phone #