2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15684

FILED Jaņ 06, 2<u>00</u>9 Secretary of State

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

New Principal Place of Business: Current Principal Place of Business: 2078 E NINE MILE RD PENSACOLA, FL 32504 US **Current Mailing Address: New Mailing Address:** PO BOX 10785 PENSACOLA, FL 32504 US FEI Number: 59-2714242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPOHN, ROBERT D SPOHN, ROBERT D 3720 FÓREST GLEN DR 4750 TRADEWINDS DRIVE PENSACOLA, FL 32504 US PENSACOLA, FL 32514 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. SIGNATURE: 01/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SPOHN, ROBERT D SPOHN, ROBERT D Name: Name: Address: 3720 FOREST GLEN Address: 4750 TRADEWINDS DRIVE PENSACOLA, FL 32514 City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HASTINGS, BILL Name: Address: 2262 STALLION ROAD Address: City-St-Zip: CANTONMENT, FL City-St-Zip: Title: () Delete Title: () Change () Addition EUBANKS, HARDY N Name: Name: 4918 FOREST CREEK DRIVE Address: Address: City-St-Zip: PACE, FL 32571 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: DURRETT, GERALD Name: 3037 TURNERS MEADOW RD Address: Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY R. SMITH DEAC 01/06/2009