2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24471

FILED Jun 30, 2005 Secretary of State

Entity Name: EASTSIDE BAPTIST CHURCH OF MULBERRY, INC

Current Principal Place of Business: New Principal Place of Business: 301 NE TWLFTH AVE 301 NE TWELFTH AVE MULBERRY, FL 33860 MULBERRY, FL 33860 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1257 P.O. BOX 1257 MULBERRY, FL 33860 MULBERRY, FL 33860 US FEI Number: 59-2878678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALLUPS, JOHN R 1310 NE 2ND STREET MULBERRY, FL 33860 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HIPSKIND, JASON FOSTER, JOHN Name: Name: 3329 SONGBIRD LANE Address: 4462 LOWER MEADOW ROAD Address: LAKELAND, FL 33811 City-St-Zip: City-St-Zip: MULBERRY, FL 33860 Title: () Delete Title: () Change () Addition Name: MCDONALD, DARRELL Name: Address: 520 LEMON STREET Address: City-St-Zip: MULBERRY, FL 33860 City-St-Zip: Title: TD () Delete Title: () Change () Addition HAYES, JERRY Name: Name: Address: 1404 NE 1ST STREET Address: City-St-Zip: MULBERRY, FL 33860 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GARNER, ALBERT Name: 621 ORANGE VALLEY CIRCLE Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: Title: () Delete () Change () Addition MCDONALD, RUTH Name: Name: 520 LEMON STREET Address: Address: City-St-Zip: MULBERRY, FL 33860 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUTH MCDONALD S 06/30/2005