

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32542

FILED
Jul 02, 2006
Secretary of State

Entity Name: EAST SIDE ASSEMBLY OF GOD OF PENSACOLA INCORPORATED

Current Principal Place of Business:

310 NORTH 10TH AVENUE
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

310 NORTH 10TH AVENUE
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-2470037 **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:

WOOD, ROBBINS L
310 N 10TH AVE
PENSACOLA, FL 32501 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:

Title: PMD () Delete
Name: WOOD, ROBBINS L
Address: 310 N 10TH AVE
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: FARMER, JEAN COLBERT
Address: 4160 CAPRI DR
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: BRIDWELL, BENNIE F
Address: 7940 BURSTAFF ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: WOOD, BETTY SUE
Address: 310 N 10TH AVE
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBBINS L. WOOD

PMD

07/02/2006

Electronic Signature of Signing Officer or Director

Date