


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90065 001 ****70.00

DOCUMENT # N32542 1. Entity Name EAST SIDE ASSEMBLY OF GOD OF PENSACOLA INCORPORATED					
Principal Place of Business 310 NORTH 10TH AVENUE PENSACOLA, FL 32501			Mailing Address 310 NORTH 10TH AVENUE PENSACOLA, FL 32501		
2. Principal Place of Business - No P.O. Box # 2990 EAST KINGSFIELD RD.		3. Mailing Address 2990 E. KINGSFIELD RD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PENSACOLA, FL.		City & State PENSACOLA, FL		4. FEI Number 59-2470037	
Zip 32534-9566		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WOOD, ROBBINS L 310 N 10TH AVE PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name WOOD, ROBBINS L. Street Address (P.O. Box Number is Not Acceptable) 2990 EAST KINGSFIELD ROAD City PENSACOLA FL Zip Code 32534-9566		
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 <u><i>Robbin Lee Wood</i></u> (NOTE: Registered Agent signature required when reinstating) 2-8-2007 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PMD WOOD, ROBBINS L <input type="checkbox"/> Delete 310 N 10TH AVE PENSACOLA, FL 32501				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FARMER, JEAN COLBERT <input type="checkbox"/> Delete 4160 CAPRI DR PENSACOLA, FL 32504				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRIDWELL, BENNIE F <input type="checkbox"/> Delete 7940 BURSTAFF ROAD PENSACOLA, FL 32514				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOOD, BETTY SUE <input type="checkbox"/> Delete 310 N 10TH AVE PENSACOLA, FL 32501				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PMD Wood, ROBBINS L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2990 E. KINGSFIELD ROAD PENSACOLA, FL 32534-9566				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Wood, BETTY SUE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2990 E. KINGSFIELD ROAD PENSACOLA, FL 32534-9566				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>Robbin Lee Wood</i></u> 2-8-2007 850-529-9499 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					