

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32542

FILED
Apr 10, 2009
Secretary of State

Entity Name: EAST SIDE ASSEMBLY OF GOD OF PENSACOLA INCORPORATED

Current Principal Place of Business:

2990 E. KINGSFIELD RD
PENSACOLA, FL 325349566

New Principal Place of Business:

Current Mailing Address:

2990 E. KINGSFIELD RD
PENSACOLA, FL 325349566

New Mailing Address:

FEI Number: 59-2470037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, ROBBINS L
2990 E. KINGSFIELD RD.
PENSACOLA, FL 325349566 US

Name and Address of New Registered Agent:

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: 2990 E. KINGSFIELD RD.
City-St-Zip: PENSACOLA, FL 325349566

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: 2990 E. KINGSFIELD RD
City-St-Zip: PENSACOLA, FL 325349566

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GODWIN, JOSEPH E
Address: 6737 DRIFTWOOD AVENUE
City-St-Zip: MILTON, FL 32570

Title: DS (X) Change () Addition
Name: WOOD, BETTY S
Address: 2990 E. KINGSFIELD RD
City-St-Zip: PENSACOLA, FL 325349566

Title: D () Change (X) Addition
Name: STAFFORD, VANN
Address: 395 MIER HENRY LN.
City-St-Zip: PENSACOLA, FL 32506

Title: D () Change (X) Addition
Name: POSEY, MARTIN
Address: 2186 KATHLEEN AVENUE
City-St-Zip: CANTONMENT, FL 32533

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: ROBBINS LEE WOOD

PMD

04/10/2009

Electronic Signature of Signing Officer or Director

Date