

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33615

FILED
Mar 23, 2009
Secretary of State

Entity Name: EAST POINTE BAPTIST CHURCH, INC.

Current Principal Place of Business:

270 N KERNAN BLVD
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

270 N KERNAN BLVD
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-2969565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALE, KEVIN S REV.
270 N KERNAN BLVD
JACKSONVILLE, FL 32225 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: DP () Delete
Name: HALE, KEVIN S REV.
Address: 12433 ARROWLEAF LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: TDS () Delete
Name: CULPEPPER, ANDY
Address: 4544 SWILCAN BRIDGE LN N
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: IRVIN, JOHN R
Address: 12054 EVANS BLUFF CT
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HALE, KEVIN S REV.
Address: 12433 ARROWLEAF LN
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: TDS (X) Change () Addition
Name: CULPEPPER, ANDY
Address: 4575 CARRARA CT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: D (X) Change () Addition
Name: IRVIN, JOHN R
Address: 12054 EVANS BLUFF CT
City-St-Zip: JACKSONVILLE, FL 32246 US

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: KEVIN S. HALE

DP

03/23/2009

Electronic Signature of Signing Officer or Director

Date