

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N34162

1. Entity Name
THE EAST BAY CHURCH OF CHRIST, INC.



Principal Place of Business
**14900 S. US 301
WIMAUMA, FL 33598 US**

Mailing Address
**PO BOX 5084
SUN CITY CENTER, FL 33571 US**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KIMBROUGH, EARL
2212 MALIBU DR.
BRANDON, FL 33511**

**DO NOT WRITE
IN THIS SPACE**

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

Signature of officer or director of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIMBROUGH, EARL
STREET ADDRESS	2212 MALIBU DR
CITY, ST, ZIP	BRANDON, FL
TITLE	D
NAME	SHARP, ALFRED E
STREET ADDRESS	P.O. BOX N/A
CITY, ST, ZIP	WIMAUMA, FL 33598
TITLE	D
NAME	HARRIS, KARL
STREET ADDRESS	502 ORANGE LAWN DR
CITY, ST, ZIP	VALRICO, FL
TITLE	SD
NAME	BRAKE, WALLACE T.
STREET ADDRESS	1915 BOW CT
CITY, ST, ZIP	VALRICO, FL
TITLE	PD
NAME	DUNCAN, THOMAS
STREET ADDRESS	14005 S HWY 301
CITY, ST, ZIP	RIVERVIEW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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01/15/04-80039-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.T. Duncan 1-9-04

Date

Daytime Phone #