

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 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**



02102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

0000000234354
02/28/08-80050-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBROUGH, EARL 2212 MALIBU DR BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTHRIE, JAMES 12203 KELP LANE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, KARL 502 ORANGE LAWN DR VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAKE, WALLACE T. 1915 BOW CT VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNCAN, THOMAS 14005 S HWY 301 RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied in this report or supplement 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, changed, or on an attachment, with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if applicable, with all other like empowered.

SIGNATURE: _____

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Thomas Duncan

DATE

Daytime Phone #

2-10-08 813-6341712