# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 26, 2009**
**Secretary of State**

DOCUMENT# N41659

**Entity Name:** EASTGATE CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

2809 CREIGHTON BLVD
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

2809 CREIGHTON BLVD
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number: 59-3128068** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOWELL, ROBERT A
4395 N. 12TH AVE
PENSACOLA, FL 32503 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: PD ( ) Delete
Name: LOWELL, ROBERT A
Address: 4395 N. 12TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: SD ( ) Delete
Name: CRAWFORD, JEARIL
Address: 2809 E. CREIGHT BLVD
City-St-Zip: PENSACOLA, FL 32504

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: TD (X) Change ( ) Addition
Name: CRAWFORD, JEARIL
Address: 2809 E. CREIGHT BLVD
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Change (X) Addition
Name: PERCELL, RICHARD S
Address: 5911 SARAH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: S ( ) Change (X) Addition
Name: COZAD, TIM K
Address: 521 BOBWHITE DRIVE
City-St-Zip: PENSACOLA, FL 32514

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: ROBERT A. LOWELL PD 02/26/2009

Electronic Signature of Signing Officer or Director — Date