


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2/26

FILED
Apr 09, 2003 8:00 am
Secretary of State

02-26-2003 90152 049 ****61.25

DOCUMENT # N41659			
1. Entity Name EASTGATE CHURCH OF CHRIST, INC.			
Principal Place of Business 2809 CREIGHTON BLVD PENSACOLA FL 32504		Mailing Address 2809 CREIGHTON BLVD PENSACOLA FL 32504	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3128068		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN, THOMAS W. 1580 EAST TEXAR DRIVE PENSACOLA FL 32504		7. Name and Address of New Registered Agent Name ROBERT A. LOWELL Street Address (P.O. Box Number is Not Acceptable) 4395 N. 12TH AVE. City PENSACOLA FL Zip Code 32503	
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 <i>Robert a Lowell</i>		SIGNATURE ROBERT A. LOWELL	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 2-24-03		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD <input type="checkbox"/> Delete	NAME BROGAN, DAVID	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8023 AIRLANE DR	CITY-ST-ZIP PENSACOLA FL	NAME	STREET ADDRESS
TITLE PD <input checked="" type="checkbox"/> Delete	NAME FRANKLIN, THOMAS W.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1580 EAST TEXAR DR.	CITY-ST-ZIP PENSACOLA FL	NAME	STREET ADDRESS
TITLE TD <input type="checkbox"/> Delete	NAME LOWELL, ROBERT A	TITLE PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4395 N. 12TH AVE	CITY-ST-ZIP PENSACOLA FL 32503	NAME	STREET ADDRESS
TITLE D <input type="checkbox"/> Delete	NAME CRAWFORD, JEARIL	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 439 HILBURN LANE	CITY-ST-ZIP PENSACOLA, FL 32504	NAME	STREET ADDRESS
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>ROBERT A. LOWELL</i>		SIGNATURE ROBERT A. LOWELL	
Signature and typed or printed name of signing officer or director		(Date) 2/24/03 (950) 477-4910	

CR2E037 (10/02)