


FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90049 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N41700					
1. Corporation Name EAST HILL BAPTIST CHURCH OF PENSACOLA, INC.					
Principal Place of Business C/O E. MELTON DEASON 1301 E GADSDEN ST. PENSACOLA FL 32501-4204			Mailing Address C/O E. MELTON DEASON 1301 E GADSDEN ST. PENSACOLA FL 32501-4204		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc. 22 3960 Spanish TRAIL		26 Suite, Apt. #, etc. 27 3960 Spanish TRAIL		01/16/1991	
23 City & State PENSACOLA, FL		28 City & State PENSACOLA, FL		4. FEI Number 59-0934332	
24 Zip 32504		29 Zip 32504		Applied For Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DEASON, E. MELTON 1301 E GADSDEN ST. PENSACOLA FL 32501				10. Name and Address of New Registered Agent			
				81 Name JIM BURKHARDT			
				82 Street Address (P.O. Box Number is Not Acceptable) 3960 Spanish TRAIL			
				83			
				84 City PENSACOLA FL 85 Zip Code 32504			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	
SIGNATURE Jim Burkhardt	DATE 1-14-99
(NOTE: Registered Agent signature required when reinstating)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, MARY JANE	1.2 NAME	
STREET ADDRESS	537 BRENT LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, F. H	2.2 NAME	
STREET ADDRESS	501 KENILWORTH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, EARLENE	3.2 NAME	
STREET ADDRESS	2300 AEGEAN TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRASSER, K	4.2 NAME	
STREET ADDRESS	1920 E. LLOYD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDON, DOT	5.2 NAME	
STREET ADDRESS	3503 TIBET DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jim Burkhardt** 1-14-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)