

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001885

FILED
Apr 22, 2008
Secretary of State

Entity Name: THE EASTSIDE HOUSE OF GOD, INC.

Current Principal Place of Business:

827 1/2 TWIGG STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

202 E. LIBERTY STREET
BROOKSVILLE, FL 34601

New Mailing Address:

P.O. BOX 1972
BROOKSVILLE, FL 34603

FEI Number: 59-3244752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, NORMA J
202 E. LIBERTY STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

JOHNSON, NORMA J
859 ST. FRANCIS STREET
BROOKSVILLE, FL 34601 US

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: _____

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCRIVEN, HERMAN
Address: P.O. BOX 1883
City-St-Zip: BROOKSVILLE, FL 34605

Title: T () Delete
Name: JOHNSON, JUANITA J
Address: 859 ST FRANCIS ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: T () Delete
Name: BROWN, BERTHA
Address: 713 WOOD DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: S/T () Delete
Name: MANER, DIANE
Address: 20066 PEYTON PLACE
City-St-Zip: BROOKSVILLE, FL 34601

Title: T () Delete
Name: JOHNSON, NORMA J
Address: 202 E. LIBERTY STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: T (X) Delete
Name: POPE, BILL
Address: P.O. BOX 1972
City-St-Zip: BROOKSVILLE, FL 34603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JOHNSON, NORMA J
Address: 859 ST. FRANCIS STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NORMA J. JOHNSON

RA

04/22/2008

Electronic Signature of Signing Officer or Director

Date