

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001885

FILED  
Apr 02, 2009  
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:

P.O. BOX 1972  
BROOKSVILLE, FL 34603

## New Mailing Address:

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  
859 ST. FRANCIS STREET  
BROOKSVILLE, FL 34601 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: 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: 859 ST. FRANCIS STREET  
City-St-Zip: BROOKSVILLE, FL 34601

## 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: S/T (X) Change ( ) Addition  
Name: SCRIVEN, BRITTANY T  
Address: 11375 LABRADOR DUCK RD.  
City-St-Zip: BROOKSVILLE, FL 34614

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

T

04/02/2009

Electronic Signature of Signing Officer or Director

Date