

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N95000002280 (4)**

1. Corporation Name

CHURCH OF CHRIST EASTSIDE CONGREGATION, INC.



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| Principal Place of Business 525 WILBER ST. BRANDON FL 33511 US | Mailing Address 525 WILBER ST. BRANDON FL 33511-5323 US |
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| 3. Date Incorporated or Qualified 05/11/1995 | 3a. Date of Last Report 05/14/1996 |
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|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

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|------------------------------------|--------------------------------------|
| 4. FEI Number 59-3328665 | Applied For Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent TERRELL, JOHN 701 HILLPOINT WAY BRANDON FL 33511 |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TERRELL, JOHN | 1.2 NAME | |
| STREET ADDRESS | 701 HILLPOINT WAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, JAMES D | 2.2 NAME | |
| STREET ADDRESS | 502 CAMINO READ #D | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL 33511 | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIRANT, ROBERT | 3.2 NAME | |
| STREET ADDRESS | 807 SUNRIDGE POINT DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEFFNER FL 33584 | 3.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TURNER, JIM | 4.2 NAME | |
| STREET ADDRESS | 1210 LADY ELAINE DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | VALRICO FL | 4.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GILMORE, DEBORA | 5.2 NAME | |
| STREET ADDRESS | 2402 N. TAMPANIA AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33607 | 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 do 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.

SIGNATURE: **SIGNATURE REQUIRED** *John E. Terrell* 2/18/97 (813) 685-7917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045455

CR2E037 (9/96)