2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000002280

1. Entity Name

CHURCH OF CHRIST EASTSIDE CONGREGATION, INC.



FILED
Apr 27, 2006 08:00 AN
Secretary of State

Fee Required

Principal Place of Business 5231 COUNTRY ROAD 579 SEFFNER, FL 33584 US Mailing Address
P.O. BOX 2658
BRANDON, FL 33511 US

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04202006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For 59-3328665 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

6. Name and Address of Current Registered Agent

PIRANT, ROBERT L 2707 CENTERVIEW PL BRANDON, FL 33511

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8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changin	g its registered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable,	[NOTE Registered Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2006		mpalgn Financing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND I	DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIRANT, ROBERT L 2707 CENTERVIEW PL BRANDON, FL 33511				U90000537153 05/03/06-80007-003 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRINCE, DAVID E PO BOX 291816 TAMPA, FL 33687				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRITT, MELVIN 1404 FORSYTH WAY BRANDON, FL 33511			DO	NOT WRITE
TITLE HAME STREET ADDRESS CITY-ST-ZIP	SD TERRELL, BEVERLY 701 HILLPOINT DR BRANDON, FL 33511			in i	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with to this report or supplemental report is	this filing does not quality	fy for the exemptions con	ntained in Chapter 119), Florida Statutes. I further certify that the information

12. Thereby certary that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Horida 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 his 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 impowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>4-24-C</u>

Daytime Phone #