

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90222 043 \*\*\*\*61.25

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**DOCUMENT # N95000002280**

1. Entity Name

**CHURCH OF CHRIST EASTSIDE CONGREGATION, INC.**



Principal Place of Business

**5231 COUNTRY ROAD 579  
SEFFNER FL 33584  
US**

Mailing Address

**P.O. BOX 2658  
BRANDON FL 33511  
US**

**11034508**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3328665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PIRANT, ROBERT L  
2707 CENTERVIEW PL  
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PIRANT, ROBERT L</b>	
STREET ADDRESS	<b>2707 CENTERVIEW PL</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BOONE, JOHNNY L</b>	
STREET ADDRESS	<b>3701 W WYOMING AVE. 109</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PRINCE, DAVID E</b>	
STREET ADDRESS	<b>18137 SWAN LAKE DR</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOWARD, OBIE</b>	
STREET ADDRESS	<b>504 EAST JAMES ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33603</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>TERRELL, BEVERLY</b>	
STREET ADDRESS	<b>701 HILLPOINT DR</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Melvin Merritt</b>	
STREET ADDRESS	<b>1404 Forsyth way</b>	
CITY-ST-ZIP	<b>Brandon, FL 33511</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NATHAN MIGUEL</b>	
STREET ADDRESS	<b>715 ISLETON DR</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	

12. 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 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 this 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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**4-27-03**

**813-914-6488**

CR2E037 (10/02)