2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Aug 17, 2007 08:00 Al Secretary of State DOCUMENT # N96000002720 1. Entity Name EASTLAKE CHURCH OF GOD IN CHRIST, INC. Principal Place of Business Mailing Address POST OFFICE BOX 1047 120 EAST LEMON STREET TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 07092007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 62-1719958 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAVES, JOSEPH H DO NOT WRITE 135 EAST LEMON STREET TARPON SPRINGS, FL 34689 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5,00 May Be Filing Fee is \$61.25 , Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE NAME MATHENEY, WILLIE STREET ADDRESS 6435 SUTTERS MILL ROAD CITY-ST-ZIP NEW PORT RICHEY, FL 34653 TITLE NAME MATHENEY, ERIK U00000772334 STREET ADDRESS 620 25TH AVE N 08/17/07-80009-005 61.25 CITY-ST-ZIP SAINT PETERSBURG, FL 33704 TITLE NAME TAYLOR, GWENDOLYN STREET ADDRESS 1408 GLENDOVER COURT DO NOT WRITE CITY-ST-ZIP TARPON SPRINGSL, FL 34681 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

NAME STREET ADDRESS

FILED