

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

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01-23-2003 90219 006 ****61.25

DOCUMENT # N97000005507 1. Entity Name EASTSIDE BAPTIST CHURCH OF HILLSBOROUGH, INC.					
Principal Place of Business 10022 CRISTINA DR RIVERVIEW FL 33569			Mailing Address P O BOX 3286 RIVERVIEW FL 33568 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3467354 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent JOHNSON, WILLIAM H 2539 WRENCREST CIRCLE VALRICO FL 33594			7. Name and Address of New Registered Agent Name JERRY W HERREN Street Address (R.O. Box Number is Not Acceptable) 10424 HARVESTIME PL City RIVERVIEW State FL Zip Code 33569		
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 obligation of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 01-08-03 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, WILLIAM H		NAME		
STREET ADDRESS	2539 WRENCREST CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCFAIL, BOB		NAME		
STREET ADDRESS	12114 TIMBERLAKE RD		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL 33569		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERREN, JERRY		NAME		
STREET ADDRESS	10424 HARVESTIME PL		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL 33569		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HICKS, CATHY		NAME		
STREET ADDRESS	9910 CARRIAGE		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL 33569		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			1-803 813-677-2396		

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