

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90023 041 ****61.25

DOCUMENT # N98000004970

1. Corporation Name

EASTSIDE ASSEMBLY OF GOD OF TALLAHASSEE, INC.

Principal Place of Business
1160 CAPITOL CIRCLE SE
TALLAHASSEE FL 32311

Mailing Address
1160 CAPITOL CIRCLE SE
TALLAHASSEE FL 32311



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3415 Apalachee Pkwy	26	3415 Apalachee Pkwy	08/28/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3396063	
City & State		City & State		5. Certificate of Status Desired	
23 Tallahassee FL		28 Tallahassee FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 32311		29 32311		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25 USA		30 USA			

9. Name and Address of Current Registered Agent

FOUNTAIN, RICHARD REV
~~1160 CAPITOL CIRCLE SE~~
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3415 Apalachee Pkwy
83
84 City
Tallahassee FL 85 Zip Code
32311

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D VAUSE, DONNIE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUSE, DONNIE	1.2 NAME	MORTDA, MICHAEL
STREET ADDRESS	109 WEST SINCLAIR	1.3 STREET ADDRESS	2125 PAULK DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGREGOR, KENT	2.2 NAME	
STREET ADDRESS	4119 LOUVENIA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVEL, ELTON	3.2 NAME	CAYSON, Richard
STREET ADDRESS	1207 GROVELAND HILLS RD	3.3 STREET ADDRESS	3970 Mc WEA COURT
CITY-ST-ZIP	TALLAHASSEE FL 32311	3.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, RICHARD	4.2 NAME	
STREET ADDRESS	1160 CAPITOL CIRCLE SE	4.3 STREET ADDRESS	3415 Apalachee Pkwy
CITY-ST-ZIP	TALLAHASSEE FL 32311	4.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: Richard Fountain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99 (850) 214-2267
Date Daytime Phone #

CR2E037 (5/99)