

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N98000004970**

1. Corporation Name

EASTSIDE ASSEMBLY OF GOD OF TALLAHASSEE, INC.

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

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

Principal Place of Business 1160 CAPITOL CIRCLE SE TALLAHASSEE FL 32311	Mailing Address 1160 CAPITOL CIRCLE SE TALLAHASSEE FL 32311
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2. Principal Place of Business 21 3415 Apalachee Pkwy Suite, Apt. #, etc.	2a. Mailing Address 26 3415 Apalachee Pkwy Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/28/1998
22 City & State 23 TALLAHASSEE FL	27 City & State 28 TALLAHASSEE FL	4. FEI Number 59-3396063 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24 32311	25 USA	5. Certificate of Status Desired <input type="checkbox"/>
29 32311		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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 NAME STREET ADDRESS CITY-ST-ZIP	D VAUSE, DONNIE 109 WEST SINCLAIR TALLAHASSEE FL 32312	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP D MORTDA, MICHAEL 2125 PAULK Drive TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGREGOR, KENT 4119 LOUVENIA DR TALLAHASSEE FL 32311	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVEL, ELTON 1207 GROVELAND HILLS RD TALLAHASSEE FL 32311	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP D CAYSON, Richard 3970 MS WEST COURT TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUNTAIN, RICHARD 1160 CAPITOL CIRCLE SE TALLAHASSEE FL 32311	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 3415 Apalachee Pkwy TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 C. Fountain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99 (850) 214-2367

Date Daytime Phone #