

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709093

Entity Name: EASTSIDE BAPTIST CHURCH OF PUNTA GORDA, FLORIDA
INCORPORATED**FILED**
Apr 19, 2018
Secretary of State
CC5910146433**Current Principal Place of Business:**6220 GOLF COURSE BLVD.
PUNTA GORDA, FL 33982**Current Mailing Address:**6220 GOLF COURSE BLVD.
PUNTA GORDA, FL 33982**FEI Number: 59-2316468****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MITCHELL, RALPH CHRM DEACON
22430 MOROCCO AVE
PORT CHARLOTTE, FL 33952 US*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.***SIGNATURE: RALPH MITCHELL****04/19/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY TREASURER

Name HOWARD, CARROLL

Address P. O. BOX 512161

City-State-Zip: PUNTA GORDA FL 33951

Title DEACON

Name POWELL, GEORGE M VP

Address 12091 LAMONTIER DRIVE

City-State-Zip: PUNTA GORDA FL 33955

Title VP/CO-CHAIRMAN DEACONS

Name THOMPSON, MICHAEL

Address 2504 MAGELLAN TERRACE

City-State-Zip: PORT CHARLOTTE FL 33983

Title P/CHAIRMAN OF THE DEACONS

Name MITCHELL, RALPH

Address 22430 MOROCCO AVE

City-State-Zip: PORT CHARLOTTE FL 33952

Title DEACON

Name POWELL, CARL

Address 6366 ELLIOTT ST

City-State-Zip: PUNTA GORDA FL 33950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RALPH MITCHELL**PRESIDENT****04/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date