

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003518

Entity Name: EPPS CHRISTIAN CENTER, INC.**Current Principal Place of Business:**2300 NORTH PLACE BLVD
PENSACOLA, FL 32505**Current Mailing Address:**POST OFFICE BOX 1564
PENSACOLA, FL 32591 US**FEI Number: 36-4495645****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TISDALE, SYLVIA E
6250 COLLEGE BLVD
PENSACOLA, FL 32504 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	HALL, LEE BISHOP
Address	1887 SUNDOWN DRIVE
City-State-Zip:	NAVARRE FL 32566

Title	DIRECTOR
Name	TOMS, ANDREW
Address	711 NOWAK ROAD
City-State-Zip:	CANTONMENT FL 32533

Title	SECRETARY
Name	HALE, REBECCA
Address	2257 N. BAYLEN ST.
City-State-Zip:	PENSACOLA FL 32501

Title	PRESIDENT
Name	TISDALE, JOSHUA
Address	6250 COLLEGE BLVD
City-State-Zip:	PENSACOLA FL 32504

Title	DIRECTOR
Name	DUKES, JANNETTA
Address	2828 PTARMIGAN RD
City-State-Zip:	HEPHZIBAH GA 30815

Title	TREASURER
Name	GRIER, TIMOTHY
Address	1996 LARKSPUR CIRCLE
City-State-Zip:	PENSACOLA FL 32534

Title	DIRECTOR
Name	AVANT, CALVIN DR.
Address	7820 CASTLEGATE DR.
City-State-Zip:	PENSACOLA FL 32534

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: JOSHUA TISDALE**PRESIDENT****03/28/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date