

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90059 025 ****61.25

DOCUMENT # N04511

1. Entity Name

EAST SIDE BAPTIST CHURCH OF VERNON, INC.



Principal Place of Business

~~HIGHWAY 277~~
VERNON FL 32462

Mailing Address

P. O. BOX 546
VERNON FL 32462
US

2. Principal Place of Business

3385 Roche Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 546

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Vernon FL

City & State

Vernon FL

4. FEI Number

59-2384395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CATES, PAMELA
2681 TRAVERSE DR
VERNON FL 32462

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 obligations of registered agent.

SIGNATURE

Pamela S. Cates

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete
NAME BIDDLE, BYRON
STREET ADDRESS PO BOX 506
CITY-ST-ZIP VERNON FL 32462

TITLE DST ☐ Delete
NAME CATES, PAMELA
STREET ADDRESS 2681 TRAVERSE DR
CITY-ST-ZIP VERNON FL

TITLE DV ☐ Delete
NAME BROCK, MICHAEL
STREET ADDRESS PO BOX 193
CITY-ST-ZIP VERNON FL

TITLE DP ☐ Delete
NAME SIMMONS, STEPHEN B
STREET ADDRESS 778 SEVENTH ST
CITY-ST-ZIP CHIPLEY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
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:

Byron Biddle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #