


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90034 011 ****61.25

DOCUMENT # N04511	
1. Entity Name EAST SIDE BAPTIST CHURCH OF VERNON, INC.	

Principal Place of Business 3385 ROCHE AVE VERNON, FL 32462	Mailing Address P. O. BOX 546 VERNON, FL 32462 US
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01182005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2384395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CATES, PAMELA 2681 TRAVERSE DR VERNON, FL 32462
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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 <u>Pamela S. Cates</u>	<u>Pamela S. Cates</u>	<u>3/12/05</u>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BIDDLE, BYRON Sonia Primm PO BOX 506 P.O. Box 341 VERNON, FL 32462 Vernon FL 32462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CATES, PAMELA 2681 TRAVERSE DR VERNON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BROCK, MICHAEL Maravene Heaver PO BOX 193 5741 Hwy 79 VERNON, FL Chipley FL 32462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SIMMONS, STEPHEN B Michael Brock 778 SEVENTH ST P.O. Box 193 CHIPLEY, FL Vernon FL 32462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <u>Pamela S. Cates</u>	<u>Pamela S. Cates</u>	<u>3/28/05</u> <u>850-535-4224</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>