


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90374 010 \*\*\*\*61.25

<b>DOCUMENT # N04511</b>					
1. Entity Name <b>EAST SIDE BAPTIST CHURCH OF VERNON, INC.</b>					
Principal Place of Business <b>3385 ROCHE AVE VERNON, FL 32462</b>			Mailing Address <b>P. O. BOX 546 VERNON, FL 32462 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <b>2681 Traverse Dr</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>Vernon FL</b>		
Zip	Country	Zip	Country	4. FEI Number <b>59-2384395</b>	
<b>32462</b>	<b>USA</b>	<b>32462</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CATES, PAMELA 2681 TRAVERSE DR VERNON, FL 32462</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 <u><i>Pamela S. Cates, Sec. Treas.</i></u> DATE <u><i>3/5/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DV <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIMM, SONIA			NAME	
STREET ADDRESS	P.O. BOX 341			STREET ADDRESS	
CITY-ST-ZIP	VERNON, FL 32462			CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATES, PAMELA			NAME	
STREET ADDRESS	2681 TRAVERSE DR			STREET ADDRESS	
CITY-ST-ZIP	VERNON, FL			CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, MICHAEL			NAME	
STREET ADDRESS	P.O. BOX 0193			STREET ADDRESS	
CITY-ST-ZIP	VERNON, FL 32462			CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDADE, TERRY J			NAME	
STREET ADDRESS	POB 833			STREET ADDRESS	
CITY-ST-ZIP	VERNON, FL 32462			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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><i>Pamela S. Cates, Sec. Treas.</i></u>				Date <u><i>3/5/07</i></u> Daytime Phone # <u><i>850-535-4224</i></u>	