

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04511

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** EAST SIDE BAPTIST CHURCH OF VERNON, INC.

**Current Principal Place of Business:**

3385 ROCHE AVE  
VERNON, FL 32462

**New Principal Place of Business:**

**Current Mailing Address:**

2681 TRAVERSE DR.  
VERNON, FL 32462 US

**New Mailing Address:**

**FEI Number:** 59-2384395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CATES, PAMELA  
2681 TRAVERSE DR  
VERNON, FL 32462 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: PRIMM, SONIA  
Address: P.O. BOX 341  
City-St-Zip: VERNON, FL 32462

Title: DST ( ) Delete  
Name: CATES, PAMELA  
Address: 2681 TRAVERSE DR  
City-St-Zip: VERNON, FL

Title: DP ( ) Delete  
Name: BROCK, MICHAEL  
Address: P.O. BOX 0193  
City-St-Zip: VERNON, FL 32462

Title: DV ( ) Delete  
Name: MCDADE, TERRY J  
Address: POB 833  
City-St-Zip: VERNON, FL 32462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA S. CATES

DST

01/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date