


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N34162</b> 1. Entity Name THE EAST BAY CHURCH OF CHRIST, INC.	
---	---

Principal Place of Business 14900 S. US 301 WIMAUMA, FL 33598 US	Mailing Address PO BOX 5084 SUN CITY CENTER, FL 33571 US
--	--



01092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	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

KIMBROUGH, EARL  
 2212 MALIBU DR.  
 BRANDON, FL 33511

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature of the principal or registered agent and the applicable (NOT: Registered Agent signature required when verifying) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KIMBROUGH, EARL 2212 MALIBU DR BRANDON, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SHARP, ALFRED E P.O. BOX N/A WIMAUMA, FL 33598
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HARRIS, KARL 502 ORANGE LAWN DR VALRICO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BRAKE, WALLACE T. 1915 BOW CT VALRICO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DUNCAN, THOMAS 14005 S HWY 301 RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000005081  
 01/15/04-80039-008 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  S.T. Duncan 1-9-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #