


2005 ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90067 049 ****61.25

DOCUMENT # N34162

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

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



02262005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
KIMBROUGH, EARL
2212 MALIBU DR.
BRANDON, FL 33511

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State: **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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	D	<input type="checkbox"/> Delete
NAME	KIMBROUGH, EARL	
STREET ADDRESS	2212 MALIBU DR	
CITY-ST-ZIP	BRANDON, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARP, ALFRED E	
STREET ADDRESS	P.O. BOX N/A	
CITY-ST-ZIP	WIMAUMA, FL 33598	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, KARL	
STREET ADDRESS	502 ORANGE LAWN DR	
CITY-ST-ZIP	VALRICO, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRAKE, WALLACE T.	
STREET ADDRESS	1915 BOW CT	
CITY-ST-ZIP	VALRICO, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUNCAN, THOMAS	
STREET ADDRESS	14005 S HWY 301	
CITY-ST-ZIP	RIVERVIEW, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Guthrie	
STREET ADDRESS	12203 Kelp Lane	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *S-T. Duncan* - **S-T. Duncan** - 2/26/05 ⁸¹³⁻ 6200805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #