


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N34162
 1. Entity Name
THE EAST BAY CHURCH OF CHRIST, INC.



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



01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIMBROUGH, EARL
STREET ADDRESS	2212 MALIBU DR
CITY - ST - ZIP	BRANDON, FL
TITLE	D
NAME	GUTHRIE, JAMES
STREET ADDRESS	12203 KELP LANE
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	HARRIS, KARL
STREET ADDRESS	502 ORANGE LAWN DR
CITY - ST - ZIP	VALRICO, FL
TITLE	SD
NAME	BRAKE, WALLACE T.
STREET ADDRESS	1915 BOW CT
CITY - ST - ZIP	VALRICO, FL
TITLE	PD
NAME	DUNCAN, THOMAS
STREET ADDRESS	14005 S HWY 301
CITY - ST - ZIP	RIVERVIEW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

01/17/06-80006-014 61.25

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas S. T. Duncan - President - 1/16 Date: _____ Daytime Phone #: 813-634471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR