


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N34162 1. Entity Name THE EAST BAY CHURCH OF CHRIST, INC. |  |
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| Principal Place of Business 14900 S. US 301 WIMAUMA, FL 33598 US | Mailing Address PO BOX 5084 SUN CITY CENTER, FL 33571 US |
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02102008 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 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

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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 _____ 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, 2008

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

000000234354
 02/28/08-80050-008 61.25

| 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 GUTHRIE, JAMES 12203 KELP LANE RIVERVIEW, FL 33569 |
| 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 | |

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12. I hereby certify that the information supplied in this report or supplement 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, changed, or on an attachment with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if applicable, with all other like empowered.

SIGNATURE: 
SIGNATURE

S. Thomas Duncan 2-10-08 813-6341712
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #