

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34162** (0)

1. Corporation Name
THE EAST BAY CHURCH OF CHRIST, INC.



Principal Place of Business
**14900 S. US 301
SUN CITY CENTER FL 33571
US**

Mailing Address
**14900 S. US 301
PO BOX 5084
SUN CITY CENTER FL 33571
US**

3. Date Incorporated or Qualified **09/13/1989** 3a. Date of Last Report **03/09/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
City & State		City & State					
24		25		29		30	
Zip		Country		Zip		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KIMBROUGH, EARL 2212 MALIBU DR. BRANDON FL 33511				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBROUGH, EARL	1.2 NAME	
STREET ADDRESS	2212 MALIBU DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, DAVID	2.2 NAME	
STREET ADDRESS	11301 DONNEYMOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, KARL	3.2 NAME	
STREET ADDRESS	502 ORANGE LAWN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAKE, WALLACE T.	4.2 NAME	
STREET ADDRESS	1915 BOW CT	4.3 STREET ADDRESS	100001733821
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	-03/06/96--01034--020
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, THOMAS	5.2 NAME	
STREET ADDRESS	14005 S HWY 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Montgomery* 2-25-96 813677-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)