

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90003 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N34162

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 09/13/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

23 City & State

27 City & State

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

24 Zip Country

28 Zip Country

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

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

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME D KIMBROUGH, EARL
 STREET ADDRESS 2212 MALIBU DR
 CITY-ST-ZIP BRANDON FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME D SHARP, ALFRED E
 STREET ADDRESS P.O. BOX N/A
 CITY-ST-ZIP WIMAUMA FL 33598

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME D HARRIS, KARL
 STREET ADDRESS 502 ORANGE LAWN DR
 CITY-ST-ZIP VALRICO FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME SD BRAKE, WALLACE T.
 STREET ADDRESS 1915 BOW CT
 CITY-ST-ZIP VALRICO FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME D *President* DUNCAN, THOMAS
 STREET ADDRESS 14005 S HWY 301
 CITY-ST-ZIP RIVERVIEW FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

THOMAS DUNCAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 7-10-99 Daytime Phone # 813-6744712

1471976

CR2E037 (5/99)