

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90267 049 ****61.25

DOCUMENT # N34162

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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

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.

SIGNATURE

Earl Kimbrough

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

(NOTE: Registered Agent signature required when reinstating)

7/8/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 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 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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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:

Thomas Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/00

Date

813 - 620 0805

Daytime Phone #

CREATED BY: 07-13-2000