

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90080 004 ****61.25

DOCUMENT # N34162

1. Entity Name

THE EAST BAY CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

**14900 S. US 301
 SUN CITY CENTER FL 33571
 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**KIMBROUGH, EARL
 2212 MALIBU DR.
 BRANDON FL 33511**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D KIMBROUGH, EARL	<input type="checkbox"/> Delete
STREET ADDRESS	2212 MALIBU DR	
CITY-ST-ZIP	BRANDON FL	
TITLE NAME	D SHARP, ALFRED E	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX N/A	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE NAME	D HARRIS, KARL	<input type="checkbox"/> Delete
STREET ADDRESS	502 ORANGE LAWN DR	
CITY-ST-ZIP	VALRICO FL	
TITLE NAME	SD BRAKE, WALLACE T.	<input type="checkbox"/> Delete
STREET ADDRESS	1915 BOW CT	
CITY-ST-ZIP	VALRICO FL	
TITLE NAME	PD DUNCAN, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	14005 S HWY 301	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **1-13-02 813-6200805**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (9/01)