


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90131 011 \*\*\*\*61.25

**DOCUMENT # N34162**

1. Entity Name  
**THE EAST BAY CHURCH OF CHRIST, INC.**



Principal Place of Business      Mailing Address

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

2. Principal Place of Business      3. Mailing Address

*same*      *P.O. Box 5084*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*n/a*      *n/a*

City & State      City & State

*Wimauma, FL*      *Sun City Center, FL*

Zip      Country      Zip      Country

*33598*      *Hillsborough*      *33571*      *Hillsborough*



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**      Applied For  
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*      *S.T. Duncan*      *2-22-03*

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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 all other like empowered.

SIGNATURE: *[Signature]*      *2-22-03*      *813-6344712*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date

CR2E037 (10/02)