

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 726649 1. Entity Name PROVIDENCE BAPTIST CHURCH OF LECANTO, INC.																																																																																																																													
Principal Place of Business 4471 W. SANCTION ROAD LECANTO FL 34461			Mailing Address P.O. BOX 327 LECANTO FL 34460																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
City & State		City & State		4. FEI Number 59-1495071																																																																																																																									
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent KEMPER, R. SCOTT 2245 E HAYS ST INVERNESS FL 34453				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																									
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: typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering)																																																																																																																									
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																									
Make Check Payable to Florida Department of State																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">D HOFFMAN, MARTIN K.</td> <td style="width: 30%; padding: 5px;">☐ Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;"></td> <td style="width: 30%; padding: 5px;">☐ Change ☐ Add</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">4814 W. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **3-23-06**