


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 726049</b> 1. Entity Name <b>PROVIDENCE BAPTIST CHURCH OF LECANTO, INC.</b>	
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Principal Place of Business <b>4471 W. SANCTION ROAD LECANTO, FL 34461</b>	Mailing Address <b>P.O. BOX 327 LECANTO, FL 34460</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1495071</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HOFFMAN, MARTIN K 4814 W WOODLAWN ST DUNNELLON, FL 34433</b>
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, MARTIN K. 4814 W. WOODLAWN ST DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TIMOTHY D 1040 N. LYLE AVENUE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODBURY, RONALD 2217 E. HAYS STREET INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PROCTOR, ANDREAS 7418 N FIRWOOD CIRCLE CITRUS SPRINGS, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000580267  
01/10/07-80041-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.	
<b>SIGNATURE:</b> <i>Martin K Hoffman</i> <b>Martin K Hoffman</b>	<b>1/3/07</b> <b>352 746-4595</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>