

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 21 AM 9:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 736583 (6)
1. Corporation Name
PROVIDENCE BAPTIST CHURCH OF WEST PASCO, INC.

Principal Place of Business Mailing Address
11830 PINE FOREST DRIVE NEW PORT RICHEY FL 34654
11830 PINE FOREST DRIVE NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/13/1976** 3a. Date of Last Report **03/03/1994**
4. FBI Number **59-2347878** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Zip 30 Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**LOONEY, GERALD G.
6802 N. FIVE ACRE ROAD
PLANT FL 33565**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	BABB, DEAN	1.2 NAME	
STREET ADDRESS	171 VALENCIA DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	HENSON, GARDNER	2.2 NAME	
STREET ADDRESS	7303 CORONADO WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	LOONEY, GERALD	3.2 NAME	
STREET ADDRESS	6802 N FIVE ACRE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **GERALD G. LOONEY**

3/29/95

813-986-1350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000007