2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

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FILED **DOCUMENT # 736583** Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** PROVIDENCE BAPTIST CHURCH OF WEST PASCO, INC. 03-29-2000 90027 012 ****70.00 Principal Place of Business Mailing Address 11830 PINE FOREST DRIVE 11830 PINE FOREST DRIVE NEW PORT RICHEY FL 34654-1412 NEW PORT RICHEY FL 34654 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2347878 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LOONEY, GERALD G. 6802 N. FIVE ACRE ROAD PLANT FL 33565 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61,25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change ☐ Addition TD TITLE TITLE ☐ Delete NAME NAME BABB, DEAN STREET ADDRESS STREET ADDRESS 171 VALENCIA DRIVE CITY-ST-ZIP CITY-ST-ZIP Brooksville fl Delete ☐ Change ☐ Addition TITLE TITLE TD NAME NAME Young, Eugene STREET ADDRESS STREET ADDRESS 9364 PINERO ST CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 35608 Change ☐ Addition ☐ Delete TITLE PD TITLE NAME NAME LOONEY, GERALD STREET ADDRESS STREET ADDRESS 6802 N FIVE ACRE RD CITY-ST-ZIP CITY-ST-ZIP <u>PLANT CITY FL</u> Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #