2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2005
Secretary of State

DOCUMENT# N25916

Entity Name: PROVIDENCE CENTER, INC.

Current Principal Place of Business:

16612 NW 46TH AVE
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

16612 NW 46TH AVE
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 59-2888276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WELCH, JAMES J.
16612 NW 46TH AVE.
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GLUMAC, JANET M.,
Address: 16612 NW 46 AVE
City-St-Zip: ALACHUA, FL 32615

Title: STD ( ) Delete
Name: WELCH, JAMES J.,
Address: 5142 SW 92ND COURT
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete
Name: KING, LIBBY
Address: 6707 NW 32 ST
City-St-Zip: GAINESVILLE, FL

Title: VD ( ) Delete
Name: BURNS, DAVID A
Address: 16702 NW 171 PL
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BURNS VD 07/04/2005
Electronic Signature of Signing Officer or Director — Date