

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726049

Entity Name: PROVIDENCE BAPTIST CHURCH OF LECANTO, INC.**Current Principal Place of Business:**4471 W. SANCTION ROAD
LECANTO, FL 34461**Current Mailing Address:**P.O. BOX 327
LECANTO, FL 34460**FEI Number: 59-1495071****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOFFMAN, MARTIN K
4814 W WOODLAWN ST
DUNNELLON, FL 34433 US*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**Officer/Director Detail :**Title ELDER
Name HOFFMAN, MARTIN K
Address P.O. BOX 327
City-State-Zip: LECANTO FL 34460Title DEACON
Name WILLIAMS, TIMOTHY D
Address P.O. BOX 327
City-State-Zip: LECANTO FL 34460Title DEACON
Name KOFMEHL, JAMES
Address P.O. BOX 327
City-State-Zip: LECANTO FL 34460Title ELDER
Name WATSON, STEVE
Address P.O. BOX 327
City-State-Zip: LECANTO FL 34460Title DEACON
Name ARCHIE, STEVE
Address P.O. BOX 327
City-State-Zip: LECANTO FL 34460Title DEACON
Name WALKER, JEFFREY
Address P.O. BOX 327
City-State-Zip: LECANTO FL 34460Title DEACON
Name MOORHOUSE, JACK
Address P.O. BOX 327
City-State-Zip: LECANTO FL 34460

I hereby 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 all other like empowered.

SIGNATURE: MARTIN K HOFFMAN**PASTOR****02/08/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date