

**2022 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 34460

Title DEACON  
Name WILLIAMS, TIMOTHY D  
Address P.O. BOX 327  
City-State-Zip: LECANTO FL 34460

Title DEACON  
Name KOFMEHL, JAMES  
Address P.O. BOX 327  
City-State-Zip: LECANTO FL 34460

Title ELDER  
Name WATSON, STEVE  
Address P.O. BOX 327  
City-State-Zip: LECANTO FL 34460

Title DEACON  
Name ARCHIE, STEVE  
Address P.O. BOX 327  
City-State-Zip: LECANTO FL 34460

Title DEACON  
Name WALKER, JEFFREY  
Address P.O. BOX 327  
City-State-Zip: LECANTO FL 34460

Title 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/ELDER

03/02/2022

Electronic Signature of Signing Officer/Director Detail

Date