FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 700183

(7)

Jun 19 1996 8:00 am Secretary of State

FILED

PROVIDENCE BAPTIST CH	URCH, INC.	
rinal Place of Business	Mailing Address	

Principal Place of Business Mailing Address					7	- I IABNIA 100411 00111 00107 15001 16100 1411 01041 01011 01011 01011 01011 01011						
5416 PROVIDENCE ROAD RIVERVIEW FL 33569			5416 PROVIDENCE ROAD RIVERVIEW FL 33569			!						
							3.	Date Incorporated or Qualified 11/21/1959	3a. Date of 03/1	Last I 6/19	Report 995	
· · ·	ace of Business		2a. Mailing Address				4.	FEI Number	[Α	oplied For	
21		 	26					59-1103739		١	lot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired	1 1		Additional	
City & State	A		City & State								Required	
23		City & State			6.	Election Campaign Financing			May Be			
Zip		Country	Zip	Cou	ntrv		-	Trust Fund Contribution	<u> </u>		to Fees	
24	25	•	29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					
	9. Name and	Address of Current F	Registered Agent	1291			10.	Name and Address of New R				
					81	Name			•			
MONRO	e, John L				82	Ctrout Ac	Ideana (D	O. Box Number is Not Acceptable				
	reekview dri	VE .			٠-	SUBBLAC	ioress (F	.o. box nomber is not acceptable	e)			
RIVERVIE	EW FL 33569				83							
					84	Cit.						
						City			FL 85		Code	
11. Pursuant t	to the provisions o	f Sections 617.0502 ar	d 617.1508, Florida Statute	s, the abo	ve-r	amed corp	oration s	submits this statement for the purpirectors. Thereby accept the appo	ose of changing	its re	gistered office	
familiar wi	th, and accept the	obligations of, Section	617.0503, Florida Statutes.	eo by the c	orpe	oration's bo	Dard of O	rectors. I hereby accept the appo	intment as registe	ered a	agent. I am	
SIGNATURE												
	Signature, typed or printe	ed name of registered agent and		TE: Registered	Agent	l signature requ	irod when re	enstating)	DATE			
12. TITLE	В	OFFICERS AND [· · · · · · · · · · · · · · · · · · ·	13.				ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTO	RS IN 12	
NAME	MONROE, JO	YHN I	DELETE	1.1 10					Char	ige	☐ Addition	
STREET ADDRESS	1211 CREEK			1.2 NA								
CITY-ST-ZIP	RIVERVIEW F					ADDRESS						
TITLE	10	L 00000	DELETE	1.4 CI		r- ZIP	·					
NAME	MASSARO, T	HOMAS F		2 1 Till 2 2 NA					Char	ige	☐ Addition	
STREET ADDRESS	1903 BRYAN					ADDRESS						
CITY-ST-ZIP	BRANDON F			2 4 Cl								
TITLE	VD		DELETE	31] [(- ZIP			Char	1/10	Addition	
NAME	DE VANE, W	AYNE		3 2 NA						igo	- Addition	
STREET ADDRESS	1727 WAIKIK	I WAY				ADDRESS					i	
CITY-ST-ZIP	TAMPA FL 33	3619		3 4 CI								
TITLE	D		DELETE	4.1 TIT					☐ Char	ge	Addition	
NAME	HOLT, MERR			4 2 NA	ME.					-	_	
STREET ADDRESS		EK EXTENSION		4 3 ST	REET	ADDRESS						
CITY - ST - ZIP	OURANT FL	33530		4 4 CIT	Y-ST	- ZIP						
TITLE	D		DELETE	5 1 111	LE				Char	ge	Addition	
NAME	STILLS, MELV			52 NA	ME							
STREET ADDRESS	1509 S VALE			5 3 ST	REET A	ADDRESS						
CITY-ST-ZIP	VALRICO FL	33594		5.4 C/T	Y-S1	- ZIP						
TITLE			DELETE	61711	LE				Chan	ge	Addition	
NAME				6 2 NA	ME							
STREET ADDRESS				63\$TF	REET A	ADORESS						
CITY-ST-ZIP		7		6.4 CI1	Y - ST	- ZIP						
III. I GO Nereby	y certify that the in	rormation supplied with	this filing is voluntarily furnis	shed and d	loes	not qualify	for the e	exemption stated in Section 119.0	7(3)(k), Florida St	atutes	s. 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 logal 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 12 or Block 13 if phanged, or on an attachment with an address.

SIGNATURE:

6-13-96 (813)687-7127
Daytore Phone *