FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

700183

(7)

1. Corporation Name									-					
PROVIDENCE BAPTIST CHURCH, INC.														
THE HELITOR DIN THE CHARLES INTO										1 1881/F (88)/F BONG \$610. 148/6/ (188/6/	INTO HILL BARK BU	AII BIGII BI	All BIAL	i Didil Addi
Principal Plac	S		M	alling Address					ı imbili shain baini natal bibli b	P100 1144 P4011 W41	Tel Blåki Ali	## BIBI	1 21511 (87)	
\$416 PROVIDENCE ROAD 5416 PROVIDENCE ROAD									ŀ	3. Date Incorporated or Qualific				
RIVERVIEW FL 33569 RIVERVIEW FL 33569										11/21/1959	,,			
}									ŀ	4. FEI Number			App	lied For
										59-1103739				Applicable
2. Principal P	lace of Busi	ness		2a. Mailing Address						5. Certificate of Status Desired	12	\$8.7	/5 Ac	dditional
21 SAM				26 SAME						o. Commente of Blands Downer			e Req	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.						6. Election Campaign Financin				ау Ве
22 City & Stat				City & State						Trust Fund Contribution	. 🗆		ed to I	
23	•			28					i	7. Is this nonprofit corporation		rs associ ✓ No	ation	ĺ
Zip	Zip Country			Zip			Country			8. This corporation owes or has	paid the cur	rent vea	r Intar	ngible
24		25		29		30	ō			Personal Property Tax due J	une 30.	Yes	Ø	
	9. Name	and	Address of Current	Regis	tered Agent					10. Name and Address of New	Registered	Agent		
					ľ	81	Name	m	ONRAL JOHN L.					
MONROE, JOHN L								Street A	Addres	s (P.O. Box Number is Not Acce	otable)			
11211 CREEKVIEW DRIVE									119	14 SUGARBERRY	DRIVE			
RIVERVI	69					63								
						84	City	PIV	ILRVIEW	FL	85	Zip Cr	ode 569	
11. Pursuant	to the provis	ions	of Sections 617.0502	and 6	17.150B, Florida Statut	es, the ab	ove	-named	corpor	ation submits this statement for the		f changir	ng its	registered
office or r	egistered a r m familiar w	jent, ith, a	or both, in the State of nd accept the obligati	f Florid ons of	la. Such change was a . Section 617.0503. Fis	authorized orida Statu	by ites	the corp	oration	ation submits this statement for the statement of directors. I hereby at	cept the app	ointmen	i as re	gistered
SIGNATURE					,,,									
	Signature, types	or prin	ted name of registered agent				Ager	nt elgnatura	required (when reinstating)	DATE			
12.			OFFICERS AND				13.			ADDITIONS/CHANGES TO OF	FICERS AND	Z Chan	_	Addition
TITLE NAME	MANDO)E 1	NUM I				1.1 TITLE 1.2 NAME		n	DNKUK, JOHN L.		LA Chair		□ vogilion i
	MONROE, JOHN L SEET ADDRESS 1211 CREEKVIEW DRIVE							1.3 STREET ADDRESS		ONKA, SUAN E. 914 SUCARBERRY	Dense			
CITY-ST-ZIP	DI #514 FL 44500				-					VERVIEW, FL 3				
TITLE	TD		<u> </u>		DELETE	·			72	• • • • • • • • • • • • • • • • • • • •	0207	Chan	108 (Addition
NAME	MASSA	RO.	THOMAS E				2.2 NAME		50	MAN JAMES B.		-		
STREET ADDRESS								ADDRESS	541	11 PROVINENCE ROM	0			
CITY-ST-ZNP	BRANDON FL 33511							2.4 CITY-ST-ZIP		U PROVIDENCE RUM ERVIEW, FL 33.	569			
TITLE	VD				DELETE	3.1 TIT	LE					Chan	ige	Addition
NAME	DE VAN						3.2 NAME							
STREET ADORESS	I =					3.3 STF	3.3 STREET ADDRESS							1
CITY-ST-ZIP	TAMPA	FL 3	3619		Delege	3.4. CI		T-ZIP			, ·· · · ·	1 2		A distant
TITLE	D	1FP/	Mr. 1		☐ DELETE	4.1 TIT						L Char	iñe	Addition
NAME	HOLT, I					4. 2 NA	-							
STREET ADDRESS	OURAN		EEK EXTENSION					ADDRESS						
CITY-ST-ZIP TITLE	D	, FL	<u> </u>		DELETE	4.4 CIT 5.1 TIT		1- 2IP			··	Chan	106	Addition
NAME	_	MFI	VIN ROSS			5.2 NA							~-	
STREET ADDRESS			EICO RD					address i		• ,				
CITY-ST-ZIP	VALRIC					5.4 CIT			,					
TITLE					DELETE	6.1 TIT			2			Chan	ige	Addition
NAME						6.2 NA	WE	ŀ	EM	BREY, A.B.				
STREET ADDRESS						6.3 STF	EET /	ADDRESS	503	SOUTH MILLER A	CAD			
CITY-ST-ZIP						6.4 CIT	Y-ST	1- ŽIP	700	SEV VALRICO, FL	3357	34		

I hereby certify that the Information supplied with the Illing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. 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 legal effect as if made under oath; that I am an officer or director of the porporation 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 changed or on an attachment with an address.

SIGNATURE:

TITI STATIOS OF STATES TREASURER

4/7/98 813-689-7127

FILED

Apr 20 1998 8:00am

Secretary of State