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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700183

1. Corporation Name
PROVIDENCE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
5416 PROVIDENCE ROAD RIVERVIEW FL 33569	5416 PROVIDENCE ROAD RIVERVIEW FL 33569

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
11/21/1959

4. FEI Number
59-1103739
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MONROE, JOHN L
11914 SUGARBERRY DR
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE JAMES B. SMITH TREASURER 1/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	MONROE, JOHN L		1.2 NAME	BENIGNI, LAURA L	
STREET ADDRESS	11914 SUGARBERRY DR		1.3 STREET ADDRESS	3716 ORANGEPOINTE ROAD	
CITY-ST-ZIP	RIVERVIEW FL 33569		1.4 CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JAMES B		2.2 NAME		
STREET ADDRESS	5416 PROVIDENCE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL 33569		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DE VANE, WAYNE		3.2 NAME		
STREET ADDRESS	1727 WAIKIKI WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLT, MERRILL		4.2 NAME		
STREET ADDRESS	TURKEY CREEK EXTENSION		4.3 STREET ADDRESS		
CITY-ST-ZIP	OURANT FL 33530		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STILLS, MELVIN ROSS		5.2 NAME		
STREET ADDRESS	1509 S VALEICO RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

WRITTEN ENTRY WHITED OUT!

14. I hereby certify that the information supplied with this filing 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JAMES B. SMITH, TREASURER 1-25-99 813-689-7127 x217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)