

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 20, 2001 08:00 AM****Secretary of State****DOCUMENT # 700183**1. Entity Name
PROVIDENCE BAPTIST CHURCH, INC.Principal Place of Business
5416 PROVIDENCE ROAD
RIVERVIEW FL 33569Mailing Address
5416 PROVIDENCE ROAD
RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1103739Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONROE JOHN L
11914 SUGARBERRY DR

RIVERVIEW FL 33569 US

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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 **JAMES B. SMITH**

01/20/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	☐ Delete
NAME	BENIGNI LAURA L	
STREET ADDRESS	3716 ORANGE POINT ROAD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VD	☐ Delete
NAME	DE VANE, WAYNE	
STREET ADDRESS	1727 WAIKIKI WAY	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	TD	☐ Delete
NAME	SMITH JAMES B	
STREET ADDRESS	5416 PROVIDENCE RD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	PD	☐ Delete
NAME	MONROE JOHN L	
STREET ADDRESS	11914 SUGARBERRY DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	☒ Change ☐ Addition
NAME	BENIGNI LAURA L	
STREET ADDRESS	5202 PINE ROCKLANDS AVENUE	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☒ Change ☐ Addition
NAME	SMITH JAMES B	
STREET ADDRESS	114 JEFFREY DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES B. SMITH

TD

01/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)