


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90002 007 ****61.25

DOCUMENT # 702126

1. Entity Name
PROVIDENCE BAPTIST CHURCH OF PLANTATION, FLORIDA, INC.



Principal Place of Business LAUDERDALE INC 1101 S.W. 49TH AVE. PLANTATION FL 33317	Mailing Address LAUDERDALE INC 1101 S.W. 49TH AVE. PLANTATION FL 33317
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2. Principal Place of Business Suite, Apt. #., etc. City & State Zip	3. Mailing Address Suite, Apt. #., etc. City & State Zip	Country	Country
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MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**BLANCHETTE, RICHARD
 1107 SW 49TH AVE
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent
 Name: **JORGE DEL PINO**
 Street Address (P.O. Box Number is Not Acceptable): **1107 SW 49TH AVENUE**
 City: **Plantation** FL Zip Code: **33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jorge Del Pino*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE: D NAME: BLANCHETTE, RICHARD STREET ADDRESS: 910 N 74 TERRACE CITY-ST-ZIP: HOLLYWOOD FL 33024	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: PINO, SPSE DEL STREET ADDRESS: 2840 SW 75TH WAY #2406 CITY-ST-ZIP: DAVIE FL 33314	<input checked="" type="checkbox"/> Delete
TITLE: ST NAME: HORNBACK, DEBRA STREET ADDRESS: 6118 GRANT ST "B" CITY-ST-ZIP: HOLLYWOOD FL 33024	<input checked="" type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PASTOR, trustee NAME: del Pino, Jorge STREET ADDRESS: 223 Jacaranda dr CITY-ST-ZIP: Plantation FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: del Pino, JOSE STREET ADDRESS: 2840 SW 75TH WAY #2406 CITY-ST-ZIP: DAVIE FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: HORNBACK-Debra STREET ADDRESS: 6031 POLK ST #4 CITY-ST-ZIP: HOLLYWOOD FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Alexis Ramirez - #3429 STREET ADDRESS: 201 Racquet Club dr, deacon, CITY-ST-ZIP: WESTON FL 33326 trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Debra Hornback* 954 581-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #