

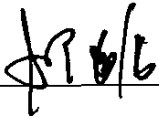
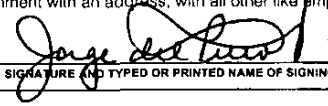


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 702126</b> 1. Entity Name PROVIDENCE BAPTIST CHURCH OF PLANTATION, FLORIDA, INC.						FILED <b>06 MAY 30 AM 10:46</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business <b>LAUDERDALE INC</b> 1101 S.W. 49TH AVE. PLANTATION, FL 33317			Mailing Address <b>LAUDERDALE INC</b> 1101 S.W. 49TH AVE. PLANTATION, FL 33317					
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			05182006 Chg-NP CR2E037 (4/06)			
City & State		City & State			4. FEI Number <b>59-1005731</b>			
Zip — Country		Zip Country			Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>DEL PINO, JORGE</b> 1101 SW 49TH AVE. PLANTATION, FL 33317				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
Make check payable to Florida Department of State								
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR DEL PINO, JORGE 223 JACARANDA DR. PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 300075968663 06/08/06--01004--001 **\$8.75	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEL PINO, JOSE 4255 N UNIVERSITY DR STE 102 SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D 600075968716 06/08/06--01004--002 **\$61.25	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAMIREZ, ALEXIS 201 RACQUET CLUB RD #5429 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/M	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEL PINO, SANDRA 4255 N UNIVERSITY DR #102 SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eugene Ratliff 3221 Jackson Blvd. Ft. Lauderdale, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R Richard Lamb 2849 SW 16 ST Ft. Lauderdale, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.								
<b>SIGNATURE:</b> 			Date: <b>5-18-06</b>		Daytime Phone #: <b>754-245-2218</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>								