

01-08-2003 90096 025 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1/8

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**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-1005731** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent
CARTER, JAMES H, 4856 NW 8TH COURT, PLANTATION FL 33317

7. Name and Address of New Registered Agent
Name: **RICHARD BLANCHETTE**
Street Address (P.O. Box Number is Not Acceptable): **1101 SW 49TH AVE**
City: **PLANTATION FL 33317**

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: *[Signature]*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) 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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	NAME: BLANCHETTE, RICHARD STREET ADDRESS: 910 N 74 TERRACE CITY - ST - ZIP: HOLLYWOOD FL 33024	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____
TITLE: D	NAME: SALSAMENDI, ALFRED STREET ADDRESS: 2971 SW 17 PLACE CITY - ST - ZIP: FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____
TITLE: PO	NAME: CARTER, JAMES STREET ADDRESS: 4856 NW 8TH COURT CITY - ST - ZIP: PLANTATION FL 33317	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____
TITLE: Deacon	NAME: Jose STREET ADDRESS: 2840 SW 15th way #2406 T CITY - ST - ZIP: DAVIE FL 33314	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____
TITLE: Secretary	NAME: Debra Hornback STREET ADDRESS: 6118 Grant St "B" CITY - ST - ZIP: HOLLYWOOD FL 33024	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ 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)(i), 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: *[Signature]* Debra Hornback / 06/03 954-581-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)