


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 708922 1. Entity Name PROVIDENCE BAPTIST CHURCH OF GRAND RIDGE, FLORIDA, INC.	
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Principal Place of Business DURDEN, LAWRENCE 6940 PROVIDENCE CH. RD. GRAND RIDGE, FL 32442-4408 US	Mailing Address HWY. 164-A EAST OF HWY 69 6940 PROVIDENCE CH. RD. GRAND RIDGE, FL 32442-4408 US
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2375723	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LAWRENCE, DURDEN
6940 PROVIDENCE CH. RD.
GRAND RIDGE, FL 32442

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DURDEN, LAWRENCE W. 6362 REDOCH RD. GRAND RIDGE, FL 32442
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLES, GLENN 7065 NOBLES ROAD GRAND RIDGE, FL 32442
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, JUNE 6231 REDDOCK RD GRAND RIDGE, FL 32442
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

1100000177270
01/11/05-80030-008 61.25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/05 850-592-5481