2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 708922

1. Entity Name
PROVIDENCE BAPTIST CHURCH OF GRAND RIDGE,
FLORIDA, INC.



01-08-2007 90251 050 ****61.25

FLORIDA, INC.												
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				40000		BI BIBIF BIBII BIBIX	 		
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01032007 C	hg-NP	CR2E037	(12/06)		
City & State			City & State				4. FEI Number 59-237572	23		_ 	plied For Applicable	
Zip		Country	Zip	Zip Cou			5. Certificate of S	tatus Desired		8.75 Addi	itional	
	6. Name	and Address of Current	Registered Age	gistered Agent Nar			7. Name and Address of New Registered Agent					
LAWRENC 6940 PRO GRAND R	VIDENCE	CH. RD.				Street Address (P.O. Box Number is Not Acceptable)						
									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. I am familiar with, and accept the obligations of registered agent.												
u ia obilgations of registerad agent.												
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
					aign Financing atribution.		\$5.00 May Be Added to Fees		Make check p rida Departm			
10.		OFFICERS AND DI			11.	1	ADDITIONS/CHANG	SES TO OFFICI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6362 RED	, LAWRENCE W. OOCH RD. RIDGE, FL 32442	Ļ	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		, JUNE DOOCK RD RIDGE, FL 32442		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				С	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2567 SAN	R, ELOISE IDRIDGE CHURCH RE		Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ale 150	X Dudle 61 Hwy 9 eads, 7L3	98	С	_} Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Č	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				(Change	Addition	
12. Thereby 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 apport is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trystice 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.												
SIGNAT	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/8/07 850-592-548/ Daylore Phone *											