


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90033 038 ****61.25

DOCUMENT # 708922 1. Entity Name PROVIDENCE BAPTIST CHURCH OF GRAND RIDGE, 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2375723 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LAWRENCE, DURDEN 6940 PROVIDENCE CH. RD. GRAND RIDGE, FL 32442			7. Name and Address of New Registered Agent <i>Durden, Lawrence</i> Address (P.O. Box Number is Not Acceptable) FL Zip Code		
8. The above named entity submits this statement the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 45%;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____ </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DURDEN, LAWRENCE W. 6362 REDOCH RD. GRAND RIDGE, FL 32442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, JUNE 6231 REDDOCK RD GRAND RIDGE, FL 32442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDLEY, ALEX 7661 HWY 90 SNEADS, FL 32460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
SIGNATURE: <i>Lawrence W. Durden</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>1/18/08</i> Daytime Phone #: <i>850-592-5481</i>			