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NONPROFIT --CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 736583

PROVIDENCE BAPTIST CHURCH OF WEST PASCO, INC.

Mar 24, 1999 8:00 am § Secretary of State

03-24-1999 90026 012 ****70.00

Principal Place	e of Business	Mailing Address			_					
11830 PINE FOREST DRIVE 11830 PINE FOREST DRIVE NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654			54 `							
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or	Qualifed			
2. Principal Place of Business		26			08/13/1976					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			4. FEI Number	_	Ap	plied For	
22		27	27			59-2347878	-13:44		t Applicable	
City & State	е	City & State				5. Certifcate of Status D	esired 🖳	✓ \$8.75 A Fee Re		
23		28	· ·		······································	1			·	
Zip	Country	Zip	Cou 30	nuy		6. Election Campaign F Trust Fund Contribut	~ 11	\$5.00 Added 1	•	l:
24	9. Name and Address of Current		,			10. Name and Address				
-	v. Name and Address of Content	rrogiotorou rigon		81 N	Name					
LOONEY	GERALD G.			82 5	Street Addres	dress (P.O. Box Number is Not Acceptable)				
,	IVE ACRE ROAD			"	Sileet Addition	33 (1 :0: DOX (1011100) 10 11	,, 1000ptus=0,			
PLANT FL				83						
				84 (City			FL 85 Zip (Code	
l .				1 1						
44	to the municipus of Continue C17 0502	and 617 1500 Florida Statuto	c the a	hove-n	named como	ration submits this stateme	nt for the purpo	se of changing its	registered I	
11. Pursuant office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State o	and 617.1508, Florida Statute f Florida. Such change was au	s, the a	bove-n by the	named corporation	oration submits this stateme n's board of directors. I hen	nt for the purpo eby accept the	se of changing its appointment as re	registered gistered	
	to the provisions of Sections 617.0502 egistered agent, or both, in the State or familiar with, and accept the obligation	and 617.1508, Florida Statute of Florida. Such change was au ons of, Section 617.0503, Flor	s, the a thorized da Stati	bove-n by the utes.	named corporation	oration submits this stateme n's board of directors. I hen	int for the purpo eby accept the	se of changing its appointment as re	registered gistered	
11. Pursuant office or n agent. I a SIGNATURE	GERALD G. LOC	ONE Y					ent for the purpo eby accept the	se of changing its appointment as re-	registered gistered	ά
	to the provisions of Sections 617.0502 egistered agent, or both, in the State or familiar with, and accept the obligating the CERALD G. Local Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:			named corporation ne corporation signature required			TE IS AND DIRECTO	RS IN 12	1/98/
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered	Agent sk		when reinstating)		0/11 E		(11/98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered	Agent sig		when reinstating)		TE IS AND DIRECTO	RS IN 12	137 (11/98)
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND BABB, DEAN	and title if applicable. (NOTE:	13. 1.1 TF	Agent sig	signature required v	when reinstating)		TE S AND DIRECTO	RS IN 12	2E037 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND TD BABB, DEAN	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF	Agent sign TLE AME TREET AD	Signature required	when reinstating)		S AND DIRECTO	RS IN 12	CB2E037 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND TD BABB, DEAN 171 VALENCIA DRIVE BROOKSVILLE FL TD	and title if applicable. (NOTE:	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF	TLE AME TY-ST-Z	Signature required	when reinstating)		TE S AND DIRECTO	RS IN 12	2E037
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND TD BABB, DEAN 171 VALENCIA DRIVE BROOKSVILLE FL TD YOUNG, EUGENE	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TT 12 N 1.3 ST 1.4 CT 2.1 TT 2.2 N	TLE THE TY-ST-ZI TLE	DDRESS	when reinstating)		S AND DIRECTO	RS IN 12	2E037
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND TD BABB, DEAN 171 VALENCIA DRIVE BROOKSVILLE FL TD YOUNG, EUGENE 9364 PINERO ST	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TT 12 N 1.3 ST 1.4 CT 2.1 TT 2.2 N 2.3 ST	Agent sk TLE AME TREET AD TY-ST-ZI TLE AME	DDRESS	when reinstating)		S AND DIRECTO	RS IN 12	2E037
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND TD BABB, DEAN 171 VALENCIA DRIVE BROOKSVILLE FL TD YOUNG, EUGENE 9364 PINERO ST SPRING HILL FL 35608	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TT 12 N 1.3 ST 1.4 CI 2.1 TT 2.2 N 2.3 ST 2.4 C	Agent sk TLE AME TY-ST-ZI TLE AME TREET AD TREET AD TREET AD TREET AD	DDRESS	when reinstating)		S AND DIRECTO	RS IN 12	2F037
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND TD BABB, DEAN 171 VALENCIA DRIVE BROOKSVILLE FL TD YOUNG, EUGENE 9364 PINERO ST SPRING HILL FL 35608 PD LOONEY, GERALD	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TT 12 NV 1.3 ST 1.4 CC 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV	Agent signal TLE AME TY-ST-Z TLE AME TREET AD TY-ST-Z TLE TLE TLE TLE TLE	DDRESS DDRESS	when reinstating)		Change	RS IN 12 Addition	2E037
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

(813) 986-1358