

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003369

FILED
Feb 17, 2006
Secretary of State

Entity Name: PROVIDENT FOUNDATION INC. OF GEORGIA

Current Principal Place of Business:

2151 QUAIL RUN DRIVE
BATON ROUGE, LA 70808

New Principal Place of Business:

Current Mailing Address:

2151 QUAIL RUN DRIVE
BATON ROUGE, LA 70808

New Mailing Address:

FEI Number: 58-2492101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: HICKS, STEVE E
Address: 2151 QUAIL RUN DRIVE
City-St-Zip: BATON ROUGE, LA 70808

Title: OFF () Delete
Name: STEWART, DAVID K
Address: 1600 WESTGATE CIRCLE, SUITE 275
City-St-Zip: BRENTWOOD, TN 37027

Title: OFF () Delete
Name: LOCKWOOD, DEBRA W
Address: 2151 QUAIL RUN DRIVE
City-St-Zip: BATON ROUGE, LA 70808

Title: DIR () Delete
Name: MONSOUR, WALTER G
Address: 7022 RICHARDS DR
City-St-Zip: BATON ROUGE, LA 70809

Title: DIR () Delete
Name: HARROW, THOM
Address: 871 WEST ROAD
City-St-Zip: NEW CANAAN, CT 06840

Title: DIR () Delete
Name: HICKS, DONOVAN O
Address: 2151 QUAIL RUN DRIVE
City-St-Zip: BATON ROUGE, LA 70808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONOVAN HICKS

VP

02/17/2006

Electronic Signature of Signing Officer or Director

Date