

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004926

1. Entity Name
PROVIDENCE SELF SUFFICIENCY MINISTRIES, INC.



Principal Place of Business
1320 20TH ST E
BRADENTON, FL 34208

Mailing Address
8037 UNRUH DRIVE
GEORGETOWN, IN 47122



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1947580
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SISTER TERESA COSTELLO
2043 FLAMINGO BLVD #31
BRADENTON, FL 34207

**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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000094186
03/22/04-80049-012 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C MCCARTHY, SISTER MARIE
OWENS HALL
SAINT-MARY-OF-THE-WOODS, IN 47876

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VC WILKINSON, SISTER DENISE
OWENS HALL
SAINT-MARY-OF-THE-WOODS, IN 47876

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P ZELLER, SISTER BARBARA A
8037 UNRUH DRIVE
GEORGETOWN, IN 47122

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST REYNOLDS, SISTER NANCY
OWENS HALL
SAINT-MARIE-OF-THE-WOODS, IN 47876

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Sister Barbara A Zeller *Sister Denise Wilkinson* *Sister Zeller, Barbara A* 3/18/04 800-251-1878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #