2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007690

FILED Jul 05, 2008 Secretary of State

Entity Name: PROVIDENCE CHRISTIAN FELLOWSHIP, INC. **Current Principal Place of Business: New Principal Place of Business:** 3012 WEST 12TH STREET JACKSONVILLE, FL 32254 **Current Mailing Address: New Mailing Address:** 3012 WEST 12TH STREET JACKSONVILLE, FL 32254 FEI Number: 59-3402194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOGAN, CARL J 789 WELLHOUSE DRIVE JACKSONVILLE, FL 32220 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MOSS, MICHAEL HUNDLEY, KINDRED Name: Name: Address: 1557 SHEARWATER DRIVE Address: 3014 WEST 12 STREET City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32254 (X) Change () Addition Title: Title: () Delete CURRELLEY, VALARIE Name: Name: JOHNSON, RUTHIE Address: 4504 MELVIN CIR. WEST Address: 3017 WEST 12TH STREET City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32254 Title: () Delete Title: () Change () Addition LOGAN, CARL J PASTOR Name: Name: 789 WELLHOUSE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32220 DU City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARL J. LOGAN P 07/05/2008