

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0001423

DOCUMENT # **NO1000007690**

1. Entity Name
PROVIDENCE CHRISTIAN FELLOWSHIP, INC.



**REINSTATEMENT
FILED**

03 NOV 24 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
789 WELLHOUSE DRIVE 789 WELLHOUSE DRIVE
JACKSONVILLE FL 32220 JACKSONVILLE FL 32220

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES
4. FEI Number **59-3402194** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOGAN, CARL J
789 WELLHOUSE DRIVE
JACKSONVILLE FL 32220

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Carl J Logan* (NOTE: Registered Agent signature required when reinstating) DATE **11/24/03**

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 **D** Delete
NAME **BRIGHT, LYNDEL**
STREET ADDRESS **9003 ROCKPOND MEADOW DR**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

Change Addition
000025223650
12/04/03--01016--014 **245.00

TITLE **D** Delete
NAME **CURRELLEY, VALARIE**
STREET ADDRESS **4504 MELVIN CIR. WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **JOHNSON, NEKIA**
STREET ADDRESS **8361 ROCKY CREEK DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Valarie Currelley* DATE: **11/24/03** PHONE: **904-786-3477**

CR2E037 (4/03)