

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90028 025 ****61.25

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01142008 Chg-NP CR2E037 (12/06)

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|--|---|---|--|---|--|
| DOCUMENT # N02000004380 1. Entity Name PROVIDENCE METROPOLITAN BAPTIST CHURCH, INC. | | | | | |
| Principal Place of Business 401 S MARTIN LUTHER KING JR BLVD DAYTONA BEACH, FL 32114 | | | Mailing Address 401 S MARTIN LUTHER KING JR BLVD DAYTONA BEACH, FL 32114 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number NOT APPLICABLE | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| JOHNSON, RONALD N ESQ. 326 SOUTH GRANDVIEW AVENUE DAYTONA BEACH, FL 32118 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | D ROSSIN, ROSSIE 1644 STOCKING STREET DAYTONA BEACH, FL 32117 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trus Rossie Rossie 1644 Stocking Street Daytona Beach, FL 32117 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACKSON, MARTHA E 1207 IMPERIAL DR DAYTONA BEACH, FL 32117 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/ Trus Martha Jackson 1207 Imperial Dr. Daytona Beach, FL 32117 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHITE, JOHNNIE M 437 ALAMANDA STREET DAYTONA BEACH, FL 32114 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trus White Johnnie M. 437 Alamanda St. Daytona Beach, FL 32114 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FSD STINSON, GENOMA 1308 LAUREL ST DAYTONA BEACH, FL 32117 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FS/ Trus Stinson Genoma 1308 Laurel St. Daytona Beach, FL 32117 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUS STINSON, BOBBY 2 SMOLLETTE PLACE PALM COAST, FL 32164 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUS FORDHAM, ANTWANN 61 ROLLING FERN DR PALM COAST, FL 32164 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <u>Martha Jackson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3-17-08 ³⁸⁶ <small>Date Daytime Phone #</small> | | |