2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/28/2004-90236-027-$61.25-$61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 10 AM 10:33

DOCUMENT # N03000004235

1. Entity Name
PROVIDENCE COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
2015 LAKE BRADFORD RD. TALLAHASSEE, FL 32310	2015 LAKE BRADFORD RD. TALLAHASSEE, FL 32310

2. Principal Place of Business	3. Mailing Address
SAME AS Above	SAME AS Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tall, Fl.	City & State: Tall, Fl
Zip: 32310 Country: LEON	Zip: 32310 Country: LEON

04152004 Chg-NP CR2E037 (10/03)

4. FEI Number: 86-1063443 ☐ 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
FORD, LONA W 251 E. HARRISON ST. TALLAHASSEE, FL 32301	Name: Joseph T. Wright Street Address (P.O. Box Number is Not Acceptable): 2015 Lake Park Dr. Tallahassee, Florida City: FL Zip Code: 32310

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: Joseph T Wright 4/16/04
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

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	PD WRIGHT, JOSEPH T, PASTOR 4873 LAKE PARK DR. TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AUSTIN, PATRICK, Pres of Deacons ministry 410 VICTORY GARDEN DR., APT. 200 TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GIBSON, CARLA, Financial Admin Asst 2321 HOLTON ST. TALLAHASSEE, FL 32310	☑ Delete	TITLE D / NAME SAMUEL BURGESS / STREET ADDRESS 2015 LAKE BRADFORD Rd / CITY-ST-ZIP TALL, FL 32310, President of church School	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PALMORE, WAVERLY, Asst PASTOR, Buget And Finance Dir 822 FLAGG ST. TALLAHASSEE, FL 32305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE T / NAME JOHN DAVID THOMAS / STREET ADDRESS 2015 LAKE BRADFORD Rd / CITY-ST-ZIP TALL, FL 32310, President of Trustees	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Joseph T Wright PASTOR/administor 4/16/04 850-574-6980
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #