


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004235	
1. Entity Name PROVIDENCE COMMUNITY DEVELOPMENT CORPORATION	

Principal Place of Business 2015 LAKE BRADFORD RD. TALLAHASSEE, FL 32310	Mailing Address 2015 LAKE BRADFORD RD. TALLAHASSEE, FL 32310
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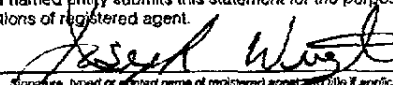
02162006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 86-1063443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WRIGHT, JOSEPH 2015 LAKE PARK DR. TALLAHASSEE, FL 32310

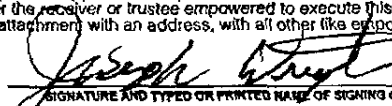
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 2/16/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000475377 04/05/06-80013-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, JOSEPH T PASTOR 4873 LAKE PARK DR. TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUSTIN, PATRICK 410 VICTORY GARDEN DR., APT. 200 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, SAMUEL 2015 LAKE BRADFORD RD. TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALMORE, WAVERLY 822 FLAGG ST. TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT THOMAS, JOHN DAVID 2015 LAKE BRADFORD RD. TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 2/16/06 DAYTIME PHONE # 850-671-5559 <small>Date Daytime Phone #</small>