## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004235

FILED May 13, 2008 Secretary of State

Entity Name: PROVIDENCE COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business: New Principal Place of Business:** 2015 LAKE BRADFORD RD. TALLAHASSEE, FL 32310 **Current Mailing Address: New Mailing Address:** 2015 LAKE BRADFORD RD. TALLAHASSEE, FL 32310 FEI Number: 86-1063443 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: WRIGHT, JOSEPH WRIGHT, JOSEPH 2015 LAKE PARK DR. 2015 LAKE BRADFORD TALLAHASSEE, FL 32310 US TALLAHASSEE, FL 32310 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: 05/13/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WRIGHT, JOSEPH T PASTOR WRIGHT, JOSEPH T PASTOR Name: Name: Address: 4873 LAKE PARK DR. Address: 2015 LAKE BRADFORD ROAD City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: TALLAHASSEE, FL 32311 Title: VD () Delete Title: () Change () Addition JERGER, FREDDIE Name: Name: Address: 2015 LAKE BRADFORD RD. Address: City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: Title: () Delete Title: () Change () Addition BURGESS, SAMUEL Name: Name: 2015 LAKE BRADFORD RD. Address: Address: City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition PALMORE, WAVERLY Name: Name: Address: 822 FLAGG ST. Address: City-St-Zip: TALLAHASSEE, FL 32305 City-St-Zip: Title: Title: () Delete () Change () Addition THOMAS, JOHN DAVID Name: Name: 2015 LAKE BRADFORD RD. Address: Address: City-St-Zip: TALLAHASSEE, FL 32310 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: JOSEPH WRIGHT DIR 05/13/2008