2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N03000004235

Entity Name: PROVIDENCE COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

2015 LAKE BRADFORD RD.
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

2015 LAKE BRADFORD RD.
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 86-1063443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, JOSEPH
2015 LAKE BRADFORD
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

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: ______________________________
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WRIGHT, JOSEPH T PASTOR
Address: 2015 LAKE BRADFORD ROAD
City-St-Zip: TALLAHASSEE, FL 32311

Title: VD ( ) Delete
Name: JERGER, FREDDIE
Address: 2015 LAKE BRADFORD RD.
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: BURGESS, SAMUEL
Address: 2015 LAKE BRADFORD RD.
City-St-Zip: TALLAHASSEE, FL 32310

Title: TD ( ) Delete
Name: PALMORE, WAVERLY
Address: 822 FLAGG ST.
City-St-Zip: TALLAHASSEE, FL 32305

Title: PT ( ) Delete
Name: THOMAS, JOHN DAVID
Address: 2015 LAKE BRADFORD RD.
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: JOHNSON, CURTIS
Address: 2015 LAKE BRADFORD RD.
City-St-Zip: TALLAHASSEE, FL 32310

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: WAVERLY PALMORE MS. 04/29/2009
Electronic Signature of Signing Officer or Director Date