

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004717

FILED  
Jul 05, 2008  
Secretary of State

**Entity Name:** PROVIDENCE MINISTRIES OF OTTER SPRINGS, INC.

**Current Principal Place of Business:**

6470 SW 80 AVENUE  
TRENTON, FL 32693 US

**New Principal Place of Business:**

6470 SW 80 AVENUE  
TRENTON, FL 32693 US

**Current Mailing Address:**

6482 SW 80TH AVE.  
TRENTON, FL 32693 US

**New Mailing Address:**

**FEI Number:** 54-2113733 **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:**

JACKSON, ARNOLD H  
6470 SW 80 AVE  
TRENTON, FL 32693 US

**Name and Address of New Registered Agent:**

JACKSON, ARNOLD H  
6482 SW 80 AVE  
TRENTON, FL 32693 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:

07/05/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: JACKSON, ARNOLD  
Address: 6480 SW 80TH AVE  
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete  
Name: BIRMAN, KEN  
Address: 7310 SW 80TH ST  
City-St-Zip: TRENTON, FL 32693

Title: DVP ( ) Delete  
Name: BOTTS, ROGER  
Address: 7909 SW 80TH ST  
City-St-Zip: TRENTON, FL 32693

Title: T ( ) Delete  
Name: JACKSON, G.C.  
Address: 6482 SW 80TH AVE.  
City-St-Zip: TRENTON, FL 32693

Title: S ( ) Delete  
Name: BOTTS, JEAN  
Address: 7909 SW 80TH AVE  
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete  
Name: MATTHEWS, KATE  
Address: 3969 S.W. 56TH TRAIL  
City-St-Zip: TRENTON, FL 32693

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: G. C. JACKSON

T

07/05/2008

Electronic Signature of Signing Officer or Director

Date