

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006605

FILED
Feb 14, 2007
Secretary of State

Entity Name: PROVIDENCE BAPTIST CHURCH OF CANTONMENT, FL, INCORPORATED

Current Principal Place of Business:

POST OFFICE BOX 533
CANTONMENT, FL 32533

New Principal Place of Business:

11 WILLIAMS DITCH ROAD
CANTONMENT, FL 32533

Current Mailing Address:

POST OFFICE BOX 533
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 41-2030391 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCANTS, GENE W SR.
2184 WELCOME CIRCLE
CANTONMENT, FL 32533 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: PRES () Delete
Name: JOHNSON, A. B
Address: 2206 WELCOME ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: VP () Delete
Name: HERRON, CARL
Address: 2230 WELCOME ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: MEMB () Delete
Name: WIGGINS, JONATHAN
Address: 75 CALLOWAY STREET
City-St-Zip: CANTONMENT, FL 32533

Title: MEMB () Delete
Name: DEES, MANNIA
Address: 6793 GULLEY LANE
City-St-Zip: PENSACOLA, FL 32505

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: A. B. JOHNSON

PRES

02/14/2007

Electronic Signature of Signing Officer or Director

Date