

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006605

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

11 WILLIAMS DITCH ROAD
CANTONMENT, FL 32533

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

MCCANTS, GENE W SR.
629 W. QUINTETTE ROAD
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 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: SHARON L. HERRON

CLER

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date