2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400003199

FILED Apr 15, 2009 Secretary of State

Entity Name: PROVIDENT MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 1015 NW 4TH STREET BOYNTON BEACH, FL 33435 **Current Mailing Address: New Mailing Address:** 1015 NW 4TH STREET BOYNTON BEACH, FL 33435 FEI Number: 59-6145782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKENZIE, ELLIS 755 DATE PALM DRIVE LAKE PARK, FL 33403 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DCEO () Delete () Change () Addition SINGLETON, WILLIE R REV. Name: Name: 1572 W. 36TH STREET Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: Title: CDT () Delete Title: () Change () Addition JOHNNY, WARD DEACON Name: Name: Address: 304 N E 15TH STREET Address: City-St-Zip: BOYNTON BEACH, FL 33435 PB City-St-Zip: Title: (X) Delete Title: () Change () Addition SINGLETON, MARCUS MIN Name: Name: 5034BRAIN BOULEVARD Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: STYLES, BOBBY MIN Name: Address: 110 N W 14TH AVENUE Address: City-St-Zip: BOYNTON BEACH, FL 33435 PB City-St-Zip: Title: () Delete Title: () Change () Addition NEWTON, ERNEST DEA Name: Name: 544 NW 10TH AVENUE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, LEVI DEACON Name: Name: Address: 551 NW 9TH AVENUE Address: BOYNTON BEACH, FL 33435 City-St-Zip: 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: WILLIE R. SINGLETON DCEO 04/15/2009