


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

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| <b>DOCUMENT # N05000008810</b><br>1. Entity Name<br>PROVIDENCE VILLAGE BAPTIST CHURCH, INC. |  |
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| Principal Place of Business<br>4504 WEST STATE ROAD 238<br>LAKE BUTLER, FL 32054 | Mailing Address<br>4504 WEST STATE ROAD 238<br>LAKE BUTLER, FL 32054 |
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04092008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number<br>59-2375226  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent<br><br>THOMAS, DERICK<br>259 SW GUSTY GLEN<br>LAKE CITY, FL 32025 |
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| 8. 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. I am familiar with, and accept the obligations of registered agent. |   |                     |
| SIGNATURE: <u><i>Derick R Thomas</i></u>  | <u>Derick R Thomas</u>  | <u>4-16-08</u>      |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small>  | <small>(NOTE: Registered Agent signature required when reinstating)</small> | <small>DATE</small> |

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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | U00000911916<br>05/07/08-80059-013 70.00 |
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| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>THOMAS, DERICK<br>259 SW GUSTY GLEN<br>LAKE CITY, FL 32025       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BIELLING, JERED<br>5001 WEST S.R. 238<br>LAKE BUTLER, FL 32054   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEC<br>LAWRENCE, PAULA<br>150 NW LAVADA STREET<br>LAKE CITY, FL 32055 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |
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|---|--------------------------|--------------------------------|----------------------|
| <b>SIGNATURE:</b> <u><i>Jered C. Bielling</i></u>                                 | <u>Jered C. Bielling</u> | <u>4/15/08</u>                 | <u>(386)752-6568</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small>      | <small>Daytime Phone #</small> |                      |