

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007819

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** PROVIDENCE BAPTIST CHURCH OF VOLUSIA, INC.

**Current Principal Place of Business:**

3176 HOOVER DR  
DELTONA, FL 32738

**New Principal Place of Business:**

336 S LAKEVIEW DR  
LAKE HELEN, FL 32744 US

**Current Mailing Address:**

3176 HOOVER DR  
DELTONA, FL 32738

**New Mailing Address:**

P O BOX 391425  
DELTONA, FL 32739 US

**FEI Number:** 90-0408302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOOTS, DAVID  
3176 HOOVER DR  
DELTONA, FL 32738 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: P ( ) Delete  
Name: SHOOTS, DAVID  
Address: 3176 HOOVER DR  
City-St-Zip: DELTONA, FL 32738

Title: VP ( ) Delete  
Name: GOODINE, JEFFERY  
Address: 196 HEDGEWOOD AVENUE  
City-St-Zip: DELTONA, FL 32738

Title: TR ( ) Delete  
Name: SHOOTS, CLARA L  
Address: 3176 HOOVER DR  
City-St-Zip: DELTONA, FL 32738

Title: SEC ( ) Delete  
Name: MARTIN, AUDRUS  
Address: 3225 S DORCHESTER DR  
City-St-Zip: DELTONA, FL 32738

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

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

Title: VP (X) Change ( ) Addition  
Name: GOODINE, JEFFREY  
Address: 196 HEDGEWOOD AVENUE  
City-St-Zip: DELTONA, FL 32738

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: CLARA SHOOTS

TR

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date