2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N44314

1. Entity Name
PROVIDENCE CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
1990 PROVIDENCE ROAD LAKELAND, FL 33805	P.O. BOX 93607 LAKELAND, FL 33804

03012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3246562
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILCOX, BYRON
1304 CINNAMON WAY WEST
LAKELAND, FL 33801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	HORNE, ALAN T
STREET ADDRESS	880 BURLWOOD ST.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	C
NAME	WILCOX, BYRON
STREET ADDRESS	1304 CINNAMON WAY W.
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	D
NAME	HARRIS, HENRY
STREET ADDRESS	2904 W. BELLA VISTA
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	S
NAME	CARLTON, ANTOINETTE
STREET ADDRESS	1304 CINNAMON WAY W.
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	D
NAME	BANKS, WILLIAM
STREET ADDRESS	1309 FAIRBANKS STREET
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000257994
03/10/05-80025-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____ 03-16-05 863-409-2834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #