2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44314

FILED Mar 07, 2009 Secretary of State

Entity Name: PROVIDENCE CHURCH OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business:

1990 PROVIDENCE ROAD LAKELAND, FL 33805

Current Mailing Address: New Mailing Address:

P.O. BOX 33

LAKELAND, FL 33802 US

FEI Number: 59-3246562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HARRIS, HENRY

7904 WEST BELLA VISTA

1260 WEST LAKE PAR

2904 WEST BELLA VISTA 1260 WEST LAKE PARKER DRIVE LAKELAND, FL 33810 US LAKELAND, FL 33801 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: ALBERTHA TABRON 03/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: TR () Delete Title: P (X) Change () Addition

Name:TABRON, ALBERTHAName:TABRON, ALBERTHAAddress:1260 WEST LAKE PARKER DRAddress:1260 WEST LAKE PARKER DR

City-St-Zip: LAKELAND, FL 33805 City-St-Zip: LAKELAND, FL 33805

Title: T () Delete Title: T (X) Change () Addition Name: HARRIS, CHARLETTE Name: HARRIS, CHARLOTTE R

Address: 2904 WEST BELLA VISTA Address: 2904 WEST BELLA VISTA City-St-Zip: LAKELAND, FL 33810 US City-St-Zip: LAKELAND, FL 33810 US

Title: S () Delete Title: () Change () Addition

 Name:
 WILCOX, ANTIONETTE
 Name:

 Address:
 3757 HAMPTON HILLS DRIVE
 Address:

 City-St-Zip:
 LAKELAND, FL 33810
 City-St-Zip:

Title: TR () Delete Title: VP (X) Change () Addition Name: BANKS, WILLIAM Name: BANKS, WILLIAM

Address: 1304 FAIRBANKS STREET Address: 1304 FAIRBANKS STREET

City-St-Zip: LAKELAND, FL 33805 City-St-Zip: LAKELAND, FL 33805

Title: TR () Change (X) Addition

Name: Name: MCCLOUD, ABRAHAM

Address: Address: 4025 TIMBERLAKE ROAD WEST

City-St-Zip: City-St-Zip: LAKELAD, FL 33810

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: ALBERTHA TABRON P 03/07/2009