FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004276

1. Corporation Name

PROVIDENCE BAPTIST CHURCH OF CLAY COUNTY, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

2703 RIVER OAK DRIVE ORANGE PARK FL 32073

2703 RIVER OAK DRIVE ORANGE PARK FL 32073

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90103 031 ****61.25



3. Date Incorporated or Qualifed

Suite, Apt. #, etc. 27 28 Cay & State 29 29 29 30 Country 29 29 30 30 Cay & State 30 Cay & State 20 20 30 30 Cay & State 30 30 Cay & State 30 Country 20 20 30 30 Cay & State 30 Country 20 30 Country 30 Country 40 Country 20 Country 30 Country 40 Country			96	08/17/1996	Kd. 5	rod 1	2599 FORWO	Rd_5 26	Toxwood	1 2579	
City & State 28	ied For	Applied F					Suite, Apt. #, etc.		C.		
City & State City & State City & State City & State Country Countr	Applicable	Not Appli	59-3397883					27		22	
Superior		\$8.75 Addition Fee Required	f Status Desired	5. Certifcate of Stat	ン	k.F	10 K		Park	¬ <i>∤</i> •)	
3. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. N	ay Be	6. Election Campaign Financing \$5.00 May Be			4		Zip Country Zip Cou				
WILLIAMS, GRADY H JR. 1279 KINGSLEY AVENUE STE 117 ORANGE PARK FL 32073 ### City	Fees	Added to Fees	Contribution	Trust Fund Contr	au	o Che	32073 30	C/a4 29	3 25	4 320°	
WILLIAMS, GRADY H JR. 1279 KINGSLEY AVENUE STE 117 ORANGE PARK FL 32073 B3 B4 City FL B5 Zip Cod. B7 B8 Zip Cod. B8		\gent	Address of New Registered Ag	10. Name and Addr			stered Agent				
1279 KINGSLEY AVENUE STE 117 ORANGE PARK FL 32073 83 84 City FL 85 Zip Cod. 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registred agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of inginature agent and title if applicable. (NOTE. Registred Agent dipneture required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE D D DELETE 11 TITLE D ABSHIRE, KYLE D STREET ADDRESS ORANGE PARK FL 32073 14 CITY. ST. ZIP ORANGE PARK FL 32073 14 CITY. ST. ZIP ORANGE PARK FL 32073 14 CITY. ST. ZIP ORANGE PARK FL 32073 15 TITLE D CHILDS, DAVID CHANGE CITY. ST. ZIP ANAME STREET ADDRESS ORANGE PARK FL 32043 32 NAME STREET ADDRESS CITY. ST. ZIP ANAME STREET ADDRESS CITY. ST. ZIP AREYNOLDS, MARY STREET ADDRESS CITY. ST. ZIP ANAME ANAME STREET ADDRESS CITY. ST. ZIP ANAME ANAME STREET ADDRESS CITY. ST. ZIP ANAME ANAME ANAME STREET ADDRESS CITY. ST. ZIP Change C	+				1 Name	81					
1279 KINGSLEY AVENUE STE 117 ORANGE PARK FL 32073 83 84 City FL 85 Zip Cod. 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registred agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of inginature agent and title if applicable. (NOTE. Registred Agent dipneture required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE D D DELETE 11 TITLE D ABSHIRE, KYLE D STREET ADDRESS ORANGE PARK FL 32073 14 CITY. ST. ZIP ORANGE PARK FL 32073 14 CITY. ST. ZIP ORANGE PARK FL 32073 14 CITY. ST. ZIP ORANGE PARK FL 32073 15 TITLE D CHILDS, DAVID CHANGE CITY. ST. ZIP ANAME STREET ADDRESS ORANGE PARK FL 32043 32 NAME STREET ADDRESS CITY. ST. ZIP ANAME STREET ADDRESS CITY. ST. ZIP AREYNOLDS, MARY STREET ADDRESS CITY. ST. ZIP ANAME ANAME STREET ADDRESS CITY. ST. ZIP ANAME ANAME STREET ADDRESS CITY. ST. ZIP ANAME ANAME ANAME STREET ADDRESS CITY. ST. ZIP Change C	Address (P.O. Box Number is Not Acceptable)				2 Street Ad	82	WILLIAMS GRADY H. IR				
ORANGE PARK FL 32073 84			0.000,710	"							
Section Sections					3	83	10				
TITLE D D DELETE 1.1 TITLE D DAYNE 13 STREET ADDRESS OTRANGE PARK FL 32073		as 75 Codo			1 2"	<u> </u>					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	ue .	85 Zip Code	FL '		4 City	84					
Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D ABSHIRE, KYLE D 12. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32073 TITLE D DELETE 21. TITLE D Change CHANGE CITY-ST-ZIP TITLE D DELETE 23. STREET ADDRESS CITY-ST-ZIP NAME CHILDS, DAVID 22. NAME 32. NAME STREET ADDRESS CITY-ST-ZIP NAME REYNOLDS, MARY 32. NAME STREET ADDRESS CITY-ST-ZIP TITLE D D DELETE 33. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-ZIP 14. CITY-ST-ZIP Change C											
TITLE D DELETE 1.1 TITLE D Change DELETE 1.1 TITLE DOWNNEE ABSHIRE, KYLE D 1.2 NAME STREET ADDRESS OF PLAINFIELD AVENUE 1.3 STREET ADDRESS OT PLAINFIELD AVENUE 1.3 ST			DATE	quired when reinstating)	ent signature requi	egistered Age	if applicable. (NOTE: Re	d name of registered agent and title it	ture, typed or printed n		
TITLE	S IN 12	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					Signature, appearance of the control				
NAME ABSHIRE, KYLE D 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 17 CITY-ST-ZIP 17	Addition	☐ Change ☐ Addition			1.1 TITLE						
STREET ADDRESS GO PLAINFIELD AVENUE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					.	1.2 NAME		ה	SHIRE KYLE		
TITLE D					ET ADDRESS	13 STREE			-		
TITLE			•								
NAME CHILDS, DAVID 22 NAME 23 STREET ADDRESS 7410 ORTEGA HILLS DRIVE 2.4 CITY-ST-ZIP JACKSONVILLE FL 32244 2.4 CITY-ST-ZIP TITLE D	- Addition	Change 🖪 A					☐ DELETE	1 L 32010	MIGE TARK I		
STREET ADDRESS 7410 ORTEGA HILLS DRIVE 2.3 STREET ADDRESS	,								III DO DAVID		
CITY-ST-ZIP										-	
TITLE					1						
NAME	Addition	□ Change □ /					DELETE	FL 32244	CHOOMVILLE I		
STREET ADDRESS 226 BRANSCOMB ROAD 3.3 STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 3.4 CITY-ST-ZIP					1		C DECENE	i Ov	WIOLDS 1445		
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 3.4. CITY-ST-ZIP											
TITLE D DELETE 4.1 TITLE Change Change <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>STREET ADDRESS</td>										STREET ADDRESS	
NAME JAMESON, WILLIAM L 4.2 NAME 2599 FOXWOOD ROAD SOUTH 4.3 STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32073 4.4 CITY-ST-ZIP TITLE D	☐ Addition	□ Change □ /				•	C DELETE	SPRINGS FL 32043	EEN COVE SI		
STREET ADDRESS 2599 FOXWOOD ROAD SOUTH 4.3 STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32073 4.4 CITY-ST-ZIP TITLE D			· ·			1	L DELETE				
CITY-ST-ZIP ORANGE PARK FL 32073 4.4 CITY-ST-ZIP TITLE D DELETE 5.1 TITLE Change			•			i .		_			
TITLE D DELETE 5.1 TITLE Change (NAME POLK, DILLON 5.2 NAME						l				STREET ADDRESS	
NAME POLK, DILLON 5.2 NAME	Addition	Change Cl					- Delete	FL 32073		- 1	
POLN, DILLON		⊡osinginge ⊡,					TT DELETE		_	.)	
ATTICET ADDRESS 2020 MAIN CT										NAME	
SINCELADORESS 3900 MAIN 31					i				30 MAIN ST	STREET ADORESS	
CITY-ST-ZIP MIDDLEBURG FL 54 CITY-ST-ZIP	T A datata							<u>L</u>	<u>DDLEBURG FL</u>	CITY-ST-ZIP	
	Addition	∐ Change ∐ /					☐ DELETE			TITLE	
NAME RODGERS, JACK 62 NAME					i			K	DGERS, JACK	NAME	
STREET ADDRESS 6459 JACK WRIGHT ISLAND ROAD 6.3 STREET ADDRESS					ET ADDRESS	6.3 STREE		IGHT ISLAND ROAD	59 JACK WRIG	STREET ADDRESS	
CITY-ST-ZIP ORANGEDALE FL 32092 6.4 CITY-ST-ZIP			·		ST-ZIP	6.4 CITY-S		FL 32092	ANGEDALE F	CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

STATURE RECWIPTION L. Jameson 3-1-99 (904) 269-0707 BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K2E037 (11/98)