

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 22 AM 9:31

DOCUMENT # N97000000467

1. Entity Name
THE PROVIDENCE CHURCH, INC.



Principal Place of Business
318 SCHOOL AVENUE
SPRINGFIELD, FL 32404

Mailing Address
PO BOX 35603
PANAMA CITY, FL 32412-5603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07252005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3346066

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, IRMA BURDEN
236 SCOOTER DRIVE
PANAMA CITY, FL 32408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CP ☐ Delete
NAME WRIGHT, SR, RUSSELL A
STREET ADDRESS 236 SCOOTER DRIVE
CITY-ST-ZIP PANAMA CITY, FL 32408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME WRIGHT, IRMA BURDEN
STREET ADDRESS 236 SCOOTER DRIVE
CITY-ST-ZIP PANAMA CITY, FL 32408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME JONES, ROBERT
STREET ADDRESS 1004 MISSISSIPPI AVENUE
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME TODD, HATTIE
STREET ADDRESS 715 BOB LITTLE ROAD
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COTTON, ALBERTA
STREET ADDRESS 1303 BOB LITTLE ROAD
CITY-ST-ZIP SPRINGFIELD, FL 32404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BOOKER, TERRY
STREET ADDRESS 325 EAGLE DRIVE
CITY-ST-ZIP PANAMA CITY, FL 32407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-10-05 (88) 522-1300