

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90013 043 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004182

1. Corporation Name

PROVIDENCE BIBLE CHURCH, INC.

Principal Place of Business

24 RESERVATION CT
CRAWFORDVILLE FL 32327-0210

Mailing Address

24 RESERVATION CT
CRAWFORDVILLE FL 32327-0210



2. Principal Place of Business

21 **710 Shadeville Rd**
Suite, Apt. #, etc.

2a. Mailing Address

26 **710 Shadeville Rd**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/16/1998

4. FEI Number

59-3526220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

23 **Crawfordville, FL**
City & State

24 **32327** **USA**
Zip Country

28 **Crawfordville, FL**
City & State

29 **32327** **2404** **USA**
Zip Country

9. Name and Address of Current Registered Agent

DECHANT, EARL
24 RESERVATION CT
CRAWFORDVILLE FL 32327-0210

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 registered 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 registered 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

TRUSTEE (TR)

☐ Change

☒ Addition

1.2 NAME

PHYLLIS D. DECHANT

1.3 STREET ADDRESS

24 RESERVATION CT

1.4 CITY-ST-ZIP

CRAWFORDVILLE, FL 32327-0210

2.1 TITLE

TRUSTEE (TR)

☐ Change

☒ Addition

2.2 NAME

JEAN McMILLAN

2.3 STREET ADDRESS

P.O. BOX 68

2.4 CITY-ST-ZIP

PANACEA, FL 32346

3.1 TITLE

TRUSTEE (TR)

☐ Change

☒ Addition

3.2 NAME

FINLEY McMILLAN

3.3 STREET ADDRESS

P.O. BOX 68

3.4 CITY-ST-ZIP

PANACEA, FL 32346

4.1 TITLE

TRUSTEE (TR)(P)(C)

☐ Change

☐ Addition

4.2 NAME

EARL DECHANT

4.3 STREET ADDRESS

24 RESERVATION CT.

4.4 CITY-ST-ZIP

CRAWFORDVILLE, FL 32327-0210

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: **Earl Dechant, Trustee**

7-4-99

1-850-926-2456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)