

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004182

1. Entity Name

PROVIDENCE BIBLE CHURCH, INC.

Principal Place of Business

Mailing Address

710 SHADEVILLE RD
CRAWFORDVILLE FL 32327
US

710 SHADEVILLE RD
CRAWFORDVILLE FL 32327-2404
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90111 028 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3526220

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

Name

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

City

FL Zip Code

DECHANT, EARL
24 RESERVATION CT
CRAWFORDVILLE FL 32327-0210

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DECHANT, PHYLLIS D
STREET ADDRESS 24 RESERVATION CT
CITY-ST-ZIP CRAWFORDVILLE FL 32327-0210

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

TITLE ☐ Delete
NAME MCMILLAN, JEAN
STREET ADDRESS PO BOX 68
CITY-ST-ZIP PANACEA FL 32346

TITLE ☒ Change ☐ Addition
NAME MCMILLAN, JEAN
STREET ADDRESS 286 MASHER SANDS RD.
CITY-ST-ZIP PANACEA, FL 32346

TITLE ☐ Delete
NAME MCMILLAN, FINLEY
STREET ADDRESS PO BOX 68
CITY-ST-ZIP PANACEA FL 32346

TITLE ☒ Change ☐ Addition
NAME MCMILLAN, FINLEY
STREET ADDRESS 286 MASHER SANDS RD.
CITY-ST-ZIP PANACEA, FL 32346

TITLE ☐ Delete
NAME TPC
STREET ADDRESS DECHANT, EARL
CITY-ST-ZIP 24 RESERVATION CT
CRAWFORDVILLE FL 32327-0210

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Earl Dechant* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

Date

Daytime Phone #