2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004182

DECHANT, EARL

24 RESERVATION CT

CRAWFORDVILLE, FL 323270210

Name:

Address:

City-St-Zip:

Entity Name: PROVIDENCE BIBLE CHURCH, INC.

FILED Jan 27, 2004 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	EVILLE RD RDVILLE, FL 32	2327 US	710 SHADEVILLE RD CRAWFORDVILLE, F	L 323272404 US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	EVILLE RD RDVILLE, FL 32	2327 US	710 SHADEVILLE RD CRAWFORDVILLE, F		
FEI Number	: 59-3526220	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	T, EARL RVATION CT RDVILLE, FL 32	23270210			
	named entity sue of Florida.	ubmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	c Signature of Registered Ag	jent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DECHANT, PHYL 24 RESERVATIO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () [TANNER, TOMM ¹ 14 SIXTH AVE. CRAWFORDVILL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () E TANNER, MICHE 14 SIXTH AVE. CRAWFORDVILL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TPC ()[Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PHYLLIS D. DECHANT TT 01/27/2004