

2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-01-2006 90405 037 ***150.00
P05000104652


FILED

06 MAY 22 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182008 Chg-P CR2E034 (11/05)

DOCUMENT # P05000104652			
1. Entity Name PROVIDENCE BANK			
Principal Place of Business 1501 FIRST STREET SOUTH WINTER HAVEN, FL		Mailing Address 1501 FIRST STREET SOUTH WINTER HAVEN, FL	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 203218467	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GREGORY D. MOSS 54 Regal Court BABSON PARK, FLA 33827		7. Name and Address of New Registered Agent Name GREGORY D. MOSS Street Address (P.O. Box Number is Not Acceptable) 1501 FIRST STREET SOUTH City WINTER HAVEN FL Zip Code 33880	
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 <u><i>Gregory D Moss</i></u> DATE <u><i>04/26/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when maintaining)</small>			

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNETT, BARRY W 106 AVE F SW WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUCE, JOHN B 304 NIBLICK CIRCLE WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>\$85/22</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOSS, GREGORY D 54 REGAL COURT BABSON PARK, FL 33827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAUST, MARCUS 17340 TALL TREE TRAIL CHAGRIN FALLS, OH 44023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEHMAN, KENNETH R 1408 N. ABINGDON STREET ARLINGTON, VA 22207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORGAN, JAMES C 1821 ST. JAMES CIRCLE THE VILLAGES, FL 32162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: *Gregory D Moss* DATE *04/26/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #