2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722009

Address:

City-St-Zip:

2514 ALOHA PLACE

HOLIDAY, FL 34691 US

Apr 26, 2005 Secretary of State

Entity Name: PASCO BAPTIST ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2537 HENLEY RD LUTZ, FL 33558 US **Current Mailing Address: New Mailing Address:** P.O. BOX 860 LAND O'LAKES, FL 34639 US FEI Number: 59-2185515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENNETT, DEBRA L 2537 HENLEY RD LUTZ, FL 33558 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ATKINSON, NEDDY L. Name: Name: Address: 303 GRAND AVE. Address: City-St-Zip: MASARYKTOWN, FL 34604 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: BENNETT, DEBRA L Name: Address: 29642 DARBY ROAD Address: City-St-Zip: DADE CITY, FL 33525 US City-St-Zip: Title: () Delete Title: PD (X) Change () Addition MOORE, BRUCE HARNESS, STEVE Name: Name: 11345 GRANDVIEW DRIVE Address: Address: 7932 CHADWICK DR City-St-Zip: DADE CITY, FL 33525 US City-St-Zip: NEW PORT RICHEY, FL 34654 US Title: VD () Delete Title: VD (X) Change () Addition Name: HARNESS, STEVE Name: STEVENS, BRAD

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.

Address:

City-St-Zip:

9749 WALLASTON DR

DADE CITY, FL 33525 US

SIGNATURE: DEBRA L. BENNETT S 04/26/2005