

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722009

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: PASCO BAPTIST ASSOCIATION, INC.

**Current Principal Place of Business:**

2537 HENLEY RD  
LUTZ, FL 33558 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 860  
LAND O'LAKES, FL 34639 US

**New Mailing Address:**

FEI Number: 59-2185515      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENNETT, DEBRA L  
2537 HENLEY RD  
LUTZ, FL 33558 US

**Name and Address of New Registered Agent:**

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:**

Title: T ( ) Delete  
Name: ATKINSON, NEDDY L.  
Address: 303 GRAND AVE.  
City-St-Zip: MASARYKTOWN, FL 34604 US

Title: S ( ) Delete  
Name: BENNETT, DEBRA L  
Address: 29642 DARBY ROAD  
City-St-Zip: DADE CITY, FL 33525 US

Title: PD ( ) Delete  
Name: MOORE, BRUCE  
Address: 11345 GRANDVIEW DRIVE  
City-St-Zip: DADE CITY, FL 33525 US

Title: VD ( ) Delete  
Name: HARNES, STEVE  
Address: 2514 ALOHA PLACE  
City-St-Zip: HOLIDAY, FL 34691 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: HARNES, STEVE  
Address: 7932 CHADWICK DR  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: VD (X) Change ( ) Addition  
Name: STEVENS, BRAD  
Address: 9749 WALLASTON DR  
City-St-Zip: DADE CITY, FL 33525 US

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.

SIGNATURE: DEBRA L. BENNETT

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04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date