

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

1995 MAR -3 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 723131 (9)**  
1. Corporation Name  
**PASADENA BAPTIST CHURCH OF DADE CITY INCORPORATE  
D**

Principal Place of Business Mailing Address  
**35845 CLINTON AVE. 35845 CLINTON AVE.  
DADE CITY FL 33525-8437 DADE CITY FL 33525-8437**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/11/1972** 3a. Date of Last Report **04/19/1994**  
4. FEI Number **59-1389057** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**MARTIN, WILLIAM S.  
35845 CLINTON AVE.  
DADE CITY FL 33525-8437**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------|---|---|
| TITLE                      | <b>P</b>                       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MARTIN, WILLIAM S.</b>      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>35845 CLINTON AVE.</b>      | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>DADE CITY FL 33525-8437</b> | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>TD</b>                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CRAWFORD, RILEY</b>         | 2.2 NAME  |   |
| STREET ADDRESS             | <b>9112 JANMAR RD.</b>         | 2.3 STREET ADDRESS                                    | <b>300001423863</b>   |
| CITY - ST - ZIP            | <b>DADE CITY FL 33525-1414</b> | 2.4 CITY - ST - ZIP                                   | <b>-03/07/95--0119--013</b>                                       |
| TITLE                      | <b>SD</b>                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DEWEY, CHARLES</b>          | 3.2 NAME  |   |
| STREET ADDRESS             | <b>38850 LACOOCHEE PARK RD</b> | 3.3 STREET ADDRESS                                    | <b>*****61.25 *****61.25</b>                                      |
| CITY - ST - ZIP            | <b>LACOOCHEE FL 34261</b>      | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>AT</b>                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PUCKETT HERBERT L.</b>      | 4.2 NAME  |   |
| STREET ADDRESS             | <b>1290 PUCKETT RD.</b>        | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>DADE CITY FL 33525</b>      | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 5.2 NAME  |   |
| STREET ADDRESS             |                                | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 6.2 NAME  |   |
| STREET ADDRESS             |                                | 6.3 STREET ADDRESS                                    | <b>SEA</b>  |
| CITY - ST - ZIP            |                                | 6.4 CITY - ST - ZIP                                   | <b>3-3</b>  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. William S. Martin* **WILLIAM S. MARTIN** 3-3-95 904 521-3555  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)