

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723131 (9)

1. Corporation Name
PASADENA BAPTIST CHURCH OF DADE CITY INCORPORATE D



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

3. Date Incorporated or Qualified 3a. Date of Last Report
04/11/1972 **03/03/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-1389057	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	City & State	City & State	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	Country	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARTIN, WILLIAM S. 35845 CLINTON AVE. DADE CITY FL 33525-8437				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, WILLIAM S.			1.2 NAME			
STREET ADDRESS	35845 CLINTON AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL 33525-8437			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAWFORD, RILEY			2.2 NAME	CRAWFORD, RILEY		
STREET ADDRESS	9112 JANMAR RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL 33525-1414			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEWEY, CHARLES			3.2 NAME			
STREET ADDRESS	38650 LACOOCHEE PARK RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	LACOOCHEE FL			3.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUCKETT, HERBERT L			4.2 NAME	PUCKETT, HERBERT L		
STREET ADDRESS	1290 PUCKETT RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL 33525			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William S. Martin **WILLIAM S. MARTIN** 1-29-96 (352) 521-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)