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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 723131

1. Corporation Name

**PASADENA BAPTIST CHURCH OF DADE CITY INCORPORATE
 D**

Principal Place of Business

35845 CLINTON AVE.
 DADE CITY FL 33525-8437

Mailing Address

35845 CLINTON AVE.
 DADE CITY FL 33525-8437



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/11/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1389057

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLBROOK, RALPH L.
 35845 CLINTON AVE.
 DADE CITY FL 33525

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 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 *Ralph L. Holbrook*

3/28/99

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
 NAME HOLBROOK, RALPH L.
 STREET ADDRESS 35845 CLINTON AVE.
 CITY-ST-ZIP DADE CITY FL

1.1 TITLE V/D/TC Change Addition
 1.2 NAME DEWEY, CHARLES
 1.3 STREET ADDRESS 39650 COIT RD.
 1.4 CITY-ST-ZIP LACOOCHEE, FLA. 33537

TITLE AT DELETE
 NAME CRAWFORD, RILEY
 STREET ADDRESS 9112 JANMAR RD.
 CITY-ST-ZIP DADE CITY FL

2.1 TITLE TR Change Addition
 2.2 NAME FORD, WILLIAM SR.
 2.3 STREET ADDRESS 10421 CANDY LANE
 2.4 CITY-ST-ZIP DADE CITY, FLA. 33525

TITLE SD DELETE
 NAME DEWEY, CHARLES
 STREET ADDRESS 38650 LACOOCHEE-PARK RD
 CITY-ST-ZIP LACOOCHEE FL

3.1 TITLE S/D/TC Change Addition
 3.2 NAME HUFFSTUTLER, JIMMIE
 3.3 STREET ADDRESS 14975 DOUGLAS ST
 3.4 CITY-ST-ZIP DADE, CITY, FLA. 33525

TITLE TD DELETE
 NAME PUCKETT, HERBERT L.
 STREET ADDRESS 15212 PUCKETT RD.
 CITY-ST-ZIP DADE CITY FL

4.1 TITLE TR Change Addition
 4.2 NAME CONNELL, HERBERT
 4.3 STREET ADDRESS 37115 PHELPS RD.
 4.4 CITY-ST-ZIP ZEPHRAHILLS, FLA. 33541

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE TR Change Addition
 5.2 NAME
 5.3 STREET ADDRESS 9032 JANMAR RD.
 5.4 CITY-ST-ZIP DADE CITY FLA. 33537

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Charles Dewey* **SIGNATURE REQUIRED**

3/28/99 (352) 583-2948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)