

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90173 017 \*\*\*\*70.00

**DOCUMENT # 723131**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1389057**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLBROOK, RALPH L.  
35845 CINTON AVE.  
DADE CITY FL 33525**

Name **H. LaMAR HERNDON, JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**35845 CLINTON AVE**

City **DADE CITY**

**FL**

Zip Code  
**33525**

8. 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

*H. LaMar Herndon, Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/7/02**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>DEWEY, CHARLES</b> <b>PO BOX 312 39650 COIT RD</b> <b>LACOOCHEE FL 33537</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDT</b> <b>HUFFSTUTLER, JIMMY</b> <b>14936 DOUGLAS ST</b> <b>DADE CITY FL 33525</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FORD, WILLIAM E SR</b> <b>PO BOX 305 34525 WHITINGTON LANE</b> <b>DADE CITY FL 33593</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TURNAGE, DONALD</b> <b>37131 JANET CIRCLE</b> <b>DADE CITY FL 33525</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MEEKS, MARVIN G</b> <b>37822 WILLINGHAM RD</b> <b>DADE CITY FL 33525</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SANDERSON, CLAUDE</b> <b>11301 OLD LAKE LAND HWY</b> <b>DADE CITY FL 33525</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T</b> <b>HUNT, BOBBY</b> <b>9032 JANMAR ROAD</b> <b>DADE CITY, FL 33525</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FORD, WILLIAM E. SR</b> <b>PO BOX 305, 34525 WHITINGTON LANE</b> <b>TRILBY, FL 33593</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HICKEY, GROVER</b> <b>10335 FRANCIS DRIVE</b> <b>DADE CITY, FL 33525</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE HUNTE** *Bobby Hunt*

2/7/01

352-567-4354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

ATTACHMENT DOC# 723131  
741884

PASADENA BAPTIST CHURCH

PAGE 2 , 2/7/02

TITLE T  DELETE  
NAME FURRY, MIKE  
STREET ADDRESS 35870 CLINTON AVE  
CITY-ST-ZIP DADE CITY, FL 33525

TITLE T  
NAME GRIFFIN, BILLIE  
STREET ADDRESS 17031 HWY 301 LOT #27  
CITY-ST-ZIP DADE CITY, FL 33523

TITLE T  
NAME NORRIS, DOUGLAS  
STREET ADDRESS 37822 HAMILTON ROAD  
CITY-ST-ZIP DADE CITY, FL 33523

TITLE T  ADDITION  
NAME BROCK, GLENN E  
STREET ADDRESS 14919 DOUGLAS STREET  
CITY-ST-ZIP DADE CITY, FLORIDA 33523

TITLE T  ADDITION  
NAME REED, HOMER A.  
STREET ADDRESS 12372 CARL LOOP  
CITY-ST-ZIP DADE CITY, FL 33525