
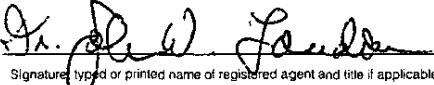


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90085 034 ****70.00

DOCUMENT # 723131			
1. Entity Name PASADENA BAPTIST CHURCH OF DADE CITY INCORPORATED			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HERNDON, H. LAMAR JR 35845 CINTON AVE. DADE CITY FL 33525		7. Name and Address of New Registered Agent Name Dr. John W. Landon Street Address (P.O. Box Number is Not Acceptable) 35845 Clinton Avenue 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  - Dr. John W. Landon		3-17-04	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HUNT, BOBBY 9032 JANMAR ROAD DADE CITY FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT HUFFSTUTLER, JIMMY 14936 DOUGLAS ST DADE CITY FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROCK, GLENN E 14919 DOUGLAS ST DADE CITY FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNAGE, DONALD 37131 JANET CIRCLE DADE CITY FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HICKEY, GROVER 10335 FRANCIS DRIVE DADE CITY FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDERSON, CLAUDE 11301 OLD LAKELAND HWY DADE CITY FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14000000



MOORE CR2E037 (11/03)

4. FEI Number **59-1389057** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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:  **3-19-04 352-567-4354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

14000567
723131

PASADENA BAPTIST CHURCH

Page 2

March 19, 2004

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

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

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

TITLE T ADDITION
NAME SCHMIDT, ROBERT C.
STREET ADDRESS 11605 MEADOWLANE DRIVE
CITY-ST-ZIP DADE CITY, FL 33525