


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90278 030 \*\*\*\*70.00

<b>DOCUMENT # 723131</b>	
<b>1. Entity Name</b>	
PASADENA BAPTIST CHURCH OF DADE CITY INCORPORATED	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
35845 CLINTON AVE. DADE CITY FL 33525-8437	35845 CLINTON AVE. DADE CITY FL 33525-8437

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country



1st MOORE CR2E037 (10/04)

<b>6. Name and Address of Current Registered Agent</b>
LONDON, JOHN W DR. 35845 CLINTON AVE. DADE CITY FL 33525

<b>4. FEI Number</b>	<b>Applied For</b>
59-1389057	Not Applicable

<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>7. Name and Address of New Registered Agent</b>	
Name: James Douglas	
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: James Douglas James Douglas DATE: 4/11/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, BOBBY	NAME	
STREET ADDRESS	9032 JANMAR ROAD	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	CITY-ST-ZIP	
TITLE	SDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFSTUTLER, JIMMY	NAME	
STREET ADDRESS	14936 DOUGLAS ST	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, GLENN E	NAME	
STREET ADDRESS	14919 DOUGLAS ST	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33523	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNAGE, DONALD	NAME	
STREET ADDRESS	37131 JANET CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, GROVER	NAME	
STREET ADDRESS	10335 FRANCIS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERSON, CLAUDE	NAME	
STREET ADDRESS	11301 OLD LAKELAND HWY	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	CITY-ST-ZIP	

**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: Bobby D. Hunt Bobby D. Hunt DATE: 4/11/05 352-567-4354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT

PASADENA BAPTIST CHURCH

40059671  
#723131

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April 11, 2005

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T ☒ DELETE  
GRIFFIN, BILLIE  
17031 HWY 301 LOT #27  
DADE CITY, FL 33523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T ☒ DELETE  
SCHMIDT, ROBERT C.  
11605 MEADOWLANE DRIVE  
DADE CITY, FL 33525

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
REED, HOMER A  
12372 CARL LOOP  
DADE CITY, FL 33525