


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 739717 (7)
1. Corporation Name
PASADENA BAPTIST CHURCH, INC.

Principal Place of Business 635-64TH ST. SOUTH ST. PETERSBURG FL 33707	Mailing Address 635-64TH ST. SOUTH ST. PETERSBURG FL 33707
--	--



3. Date Incorporated or Qualified 07/25/1977
4. FEI Number 59-0873837
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**PLAYFORD, GARTH
6154 2ND AVENUE SOUTH
ST PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Garth Playford DATE Jan 20, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	PLAYFORD, GARTH
STREET ADDRESS	6154 2ND AVE S
CITY-ST-ZIP	ST.PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BATSEL, HAROLD
STREET ADDRESS	6232 FAIRFIELD AVE SO.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ASHMUN, MARY
STREET ADDRESS	6495 3RD AVE S.
CITY-ST-ZIP	ST. PETE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	KEISTLER, BETTY L
STREET ADDRESS	6973 PLACE DELAPAIX
CITY-ST-ZIP	SO PASADENA FL 33707
TITLE	D <input type="checkbox"/> DELETE
NAME	MITCHELL, M.L.
STREET ADDRESS	6342 FAIRFIELD AVE SO.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	C <input type="checkbox"/> DELETE
NAME	COOK, JOY G.
STREET ADDRESS	7858 CAUSEWAY BLVD. NO
CITY-ST-ZIP	ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLARA WINSLOW
1.3 STREET ADDRESS	5501 13TH AVE S
1.4 CITY-ST-ZIP	GULFPORT, FL 33707
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: SIGNATURE REQUIRED

1/20/98

CR2E037 (10/97)