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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 739717

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



21	2. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/25/1977
22	City & State	City & State	4. FEI Number 59-0873837
23	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29	30

Applied For
Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: GARTH PLAYFORD Garth Playford 2/1/99
(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAYFORD, GARTH TRUSTEE	1.2 NAME	
STREET ADDRESS	6154 2ND AVE S	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	03-14-99 9067-1220 8111-25
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATSEL, HAROLD DELETED	2.2 NAME	
STREET ADDRESS	6232 FAIRFIELD AVE SO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSLOW, CLARA	3.2 NAME	
STREET ADDRESS	5501 13TH AVE S	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, M.L. TRUSTEE	4.2 NAME	
STREET ADDRESS	6342 FAIRFIELD AVE SO.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JOY G.	5.2 NAME	
STREET ADDRESS	7858 CAUSEWAY BLVD. NO	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33707	5.4 CITY-ST-ZIP	
TITLE	W. R. COOK TRUSTEE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. R. COOK TRUSTEE	6.2 NAME	
STREET ADDRESS	7858 CAUSEWAY BLVD N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33707	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: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/1/99 727-345-6618
Date Daytona Phone #

CR2E037 (1/98)