

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90018 005 \*\*\*\*61.25

**DOCUMENT # 739717**

1. Entity Name  
**PASADENA BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

635-64TH ST. SOUTH  
ST. PETERSBURG FL 33707

635-64TH ST. SOUTH  
ST. PETERSBURG FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0873837**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLAYFORD, GARTH**  
**6154 2ND AVENUE SOUTH**  
**ST PETERSBURG FL 33707**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Garth Playford*

(NOTE: Registered Agent signature required when reinstating)

*Jan 7 2001*

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	PT	<input type="checkbox"/> Delete
NAME	PLAYFORD, GARTH	
STREET ADDRESS	6154 2ND AVE S	
CITY-ST-ZIP	ST.PETERSBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ASHMAN, MARY	
STREET ADDRESS	6742 GULFPORT BLVD. #214	
CITY-ST-ZIP	SOUTH PASADENA FL 33707	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPICKARD, MARY	
STREET ADDRESS	LANCASTER #107 5925 SHANE BLVD. SOUTH	
CITY-ST-ZIP	GULF PORT FL 33707	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIXON, DRAVIN	
STREET ADDRESS	2515 51 WAY SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	T	<input type="checkbox"/> Delete
NAME	KENLAN, JEAN	
STREET ADDRESS	1330 AUGUSTA LANE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 I am empowered.

SIGNATURE:

*Garth Playford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/16/2001*

*727 345-6042*  
Date Daytime Phone #

CRE037 (10/00)