


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90022 028 ****61.25

DOCUMENT # 739717 1. Entity 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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-0873837		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLAYFORD, GARTH 6154 2ND AVENUE SOUTH ST PETERSBURG, FL 33707		7. Name and Address of New Registered Agent Name Vaughan, Harold PT Street Address (P.O. Box Number is Not Acceptable) 5619 30th Ave S City Gulfport FL Zip Code 33707	
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. X SIGNATURE <i>Harold Vaughan</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing 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	PT PLAYFORD, GARTH 6154 2ND AVE S ST. PETERSBURG, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Vazquez, Jerry 544 72nd Ave St. Pete Beach, Fl 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAUGHAN, HAROLD 5619 30TH AVENUE SOUTH SOUTH PASADENA, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWARD, DON 1214 59TH STREET SOUTH GULF PORT, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, ROSALIE 6711 HIBISCUS AVENUE SOUTH GULFPORT, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete KENLAN, JEAN 1330 AUGUSTA LANE SOUTH SAINT PETERSBURG, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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. X SIGNATURE: <i>Harold Vaughan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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