


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-05-2006 90193 050 ****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

Zip Country Zip Country

66019539

1st MOORE CR2E037 (10/05)
4. FEI Number **59-0873837** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JOHNSON, DAVID T PT
5205 TANGERINE AVE S
GULFPORT FL 33707**

7. Name and Address of New Registered Agent
Name **Barbara Bankert Trustee**
Street Address (P.O. Box Number is Not Acceptable)
6111-4 Ave. So.
City **St Petersburg** 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.
SIGNATURE: *Barbara Bankert* **Barbara Bankert** **4-24-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006
9. Election Campaign Financing Trust Fund Contribution. **\$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	T PLAYFORD, GARTH 6154 2ND AVE S ST.PETERSBURG FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, EVERETT 6711 HIBISCUS AVE S S PASADENA FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAZQUEZ, JERRY 544 72 AVE ST PETE BEACH FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JOHNSON, DAVID T 5205 TANGERINE AVE S GULFPORT FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Anderson, Clyde 1415 Hull Gulfport, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Bankert, Barbara 6111-4 Ave So St Pete, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Barbara Bankert* **Barbara Bankert** **4-24-06** **727-347-3283**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE