

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 03, 2009  
Secretary of State**

DOCUMENT# 739717

Entity Name: PASADENA BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-0873837      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, SAMUEL L TREA  
2001 83RD AVE NO.  
1220  
ST. PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TR      ( ) Delete  
Name: MILLER, EVERETT  
Address: 6711 HIBISCUS AVE S  
City-St-Zip: S PASADENA, FL 33707

Title: TR      ( ) Delete  
Name: HOWARD, DON  
Address: 1214 59TH ST SO  
City-St-Zip: GULFPORT, FL 33707

Title: TR      ( ) Delete  
Name: CHARLOETTE, FOTD  
Address: 1601 43RD ST NO #105  
City-St-Zip: ST PETERSBURG, FL 33713

Title: TR      ( ) Delete  
Name: KENLAN, JEAN  
Address: 1350 AUGUSTA LN SO  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: TR      ( ) Delete  
Name: FELPS, MARIE  
Address: 1601 43RD ST NO #144  
City-St-Zip: ST. PETERSBURG, FL 33713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR      (X) Change ( ) Addition  
Name: PLAYFORD, JOYCE  
Address: 6154 2ND AVE. SO.  
City-St-Zip: ST. PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL L. WILLIAMS

TREA

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date