

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

1/1

01-16-2003 90078 018 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
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  
**PLAYFORD, GARTH  
6154 2ND AVENUE SOUTH  
ST PETERSBURG FL 33707**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	PLAYFORD, GARTH	
STREET ADDRESS	6154 2ND AVE S	
CITY-ST-ZIP	ST.PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ASHMAN, MARY	
STREET ADDRESS	6742 GULFPORT BLVD. #214	
CITY-ST-ZIP	SOUTH PASADENA FL 33707	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPICKARD, MARY	
STREET ADDRESS	LANCASTER #107 5925 SHANE BLVD. SOUTH	
CITY-ST-ZIP	GULF PORT FL 33787	
TITLE	T	<input checked="" 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Vaughan	
STREET ADDRESS	5619 30th Avenue South	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Howard	
STREET ADDRESS	1214 59th Street South	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosalie Miller	
STREET ADDRESS	6711 Hibiscus Avenue South	
CITY-ST-ZIP	So. Pasadena, FL 33707	
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 like empowered.

SIGNATURE: Search Playford **REQUIRED** Garth Playford Jan 2, 2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/02)