FILED

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

Jul 18, 2003 8:00 am Secretary of State DOCUMENT # NO1071 07-18-2003 90074 006 ****61.25 1. Entity Name PASADENA COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 112 70TH STREET SOUTH 112 70TH STREET SOUTH ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 2. Principal Place of Business Mailing Address 70£ Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-0624434 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HITCHENS.-PAUL-W ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 6464 FIRST AVENUE, NORTH ST PETERSBURG FL 33710 City 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. 1 am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ΤD TP ☐ Change TITLE Delete TITLE -Addition GAYIA J. Davis YINGST, PAUL NAME NAME 112 70TH STREET SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Addition TITLE 🔼 Delete TITLE ☐ Change BEPPLER, RON NAME NAME 112-70 TH ST S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33-7070 CITY-ST-ZIP Addition TITLE TITLE **▼** Delete KNIGHTON, MEGAN. NAME NAME 112 70TH ST. SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33707 CITY-ST-ZIP TITLE ☐ Delete TITLE Trice TRICE, MARY NAME NAME STREET ADDRESS 1122-70TH ST, SOUTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33707 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP