

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90189 001 \*\*\*\*61.25  
 02-11-2004 90189 002 \*\*\*\*\*8.75

**DOCUMENT # N94000000876**

1. Entity Name  
**PASADENA CARD CLUB, INC.**



Principal Place of Business      Mailing Address

**10 PARK ST N  
 ST PETERSBURG FL 33710**      **10 PARK ST N  
 ST PETERSBURG FL 33710**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**NO-T APPLICABLE**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**

**HIATT, DONALD  
 5000 GULF BLVD.  
 SAINT PETERSBURG FL 33706**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2004**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HIATT, DONALD</b>	
STREET ADDRESS	<b>5000 GULF BLVD.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33706</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PYLE, JOHN</b>	
STREET ADDRESS	<b>PO BOX 41362</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33710</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>TUCKER, GILBERT</b>	
STREET ADDRESS	<b>540 2ND AVE. S.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33701</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BALL, ALICE</b>	
STREET ADDRESS	<b>6920 PLACE DE LA PAIX</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33707</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLAIN, CATHERINE</b>	
STREET ADDRESS	<b>1614 24TH AVE. NORTH</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33713</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>BARTELS, BARBARA</b>	
STREET ADDRESS	<b>11522 60TH TERRACE N.</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Portion Deleted</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Tucker Gilbert</i>
STREET ADDRESS	<i>8500 13th St. No Unit A.</i>
CITY-ST-ZIP	<i>St Petersburg, FL. 33702</i>
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Sharon Rummel</i>
STREET ADDRESS	<i>1847 Shore Drive #816</i>
CITY-ST-ZIP	<i>So. Pasadena, FL. 33707</i>
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:** *Donald E. Hiatt*      *2-4-2004*      *727-367-7462*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #