


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (ARI)

FILED
Mar 20, 2007 8:00 am
Secretary of State

02-12-2007 90100 033 ****70.00

DOCUMENT # N94000000876 1. Entity Name PASADENA CARD CLUB, INC.			
Principal Place of Business 10 PARK ST N ST PETERSBURG FL 33710		Mailing Address 10 PARK ST N ST PETERSBURG FL 33710	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Zip		Country	
4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HIATT, DONALD 10 PARK ST N ST PETERSBURG FL 33710		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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: <i>Donald E. Hiatt Board President</i>		DATE: <i>2-26-07</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when registering)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIATT, DONALD	NAME	
STREET ADDRESS	5000 GULF BLVD.	STREET ADDRESS	
CITY-STATE-ZIP	ST. PETERSBURG BEACH FL 33706	CITY-STATE-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, BERNARD	NAME	<i>GILBERT TUCKER - TUCKER, GILBERT</i>
STREET ADDRESS	5232 DELETT AVE SO	STREET ADDRESS	<i>5151 4TH ST N #104</i>
CITY-STATE-ZIP	GULFPORT FL 33707	CITY-STATE-ZIP	<i>ST PETERSBURG, FL 33703</i>
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMMEL, SHANNON	NAME	
STREET ADDRESS	1847 SHORE DR. #816	STREET ADDRESS	
CITY-STATE-ZIP	SAINT PETERSBURG FL 33707	CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIATT, DENNIS M	NAME	<i>TD HIATT, DORIS M.</i>
STREET ADDRESS	500 GULF BLVD.	STREET ADDRESS	<i>5000 GULF BLVD</i>
CITY-STATE-ZIP	SAINT PETERSBURG FL 33706	CITY-STATE-ZIP	<i>ST PETE BLD, FL 33706</i>
TITLE	MD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTELS, BARBARA	NAME	
STREET ADDRESS	11522 60TH TERRACE N.	STREET ADDRESS	
CITY-STATE-ZIP	SEMINOLE FL 33772	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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 fee employment.			
SIGNATURE: <i>Donald E. Hiatt Board President</i>		DATE: <i>3-14-07</i>	
Signature and typed or printed name of signing officer or director		Date	