Current Pri 35845 CLINTO DADE CITY, F			115	3393260CC
Current Ma	iling Address:			
35845 CLIN DADE CITY	TON AVE. , FL 33525-8437			
FEI Number: 59-1389057 Certificate of Status			s Desired: Yes	
Name and A	Address of Current Registered Agent:			
JOHNSON, MA				
35845 CLINTO DADE CITY, FI	N AVE.			
35845 CLINTO DADE CITY, FI	N AVE.	registered office or regis	tered agent, or both, in the State	e of Florida.
35845 CLINTO DADE CITY, Fi The above name	N AVE. L 33525 US	registered office or regis	tered agent, or both, in the State	e of Florida. 05/06/2020
35845 CLINTO DADE CITY, Fi The above name	N AVE. L 33525 US d entity submits this statement for the purpose of changing its r	registered office or regis	tered agent, or both, in the State	
35845 CLINTO DADE CITY, FI The above name SIGNATUR	N AVE. _ 33525 US d entity submits this statement for the purpose of changing its r E: MARVIN L. JOHNSON	registered office or regis	tered agent, or both, in the State	05/06/2020
35845 CLINTO DADE CITY, FI The above name SIGNATUR	N AVE. L 33525 US d entity submits this statement for the purpose of changing its r E: MARVIN L. JOHNSON Electronic Signature of Registered Agent	registered office or regis	tered agent, or both, in the State	05/06/2020
35845 CLINTO DADE CITY, FI The above name SIGNATURI	N AVE. L 33525 US d entity submits this statement for the purpose of changing its i E: MARVIN L. JOHNSON Electronic Signature of Registered Agent ector Detail :			05/06/2020
35845 CLINTO DADE CITY, FI The above name SIGNATUR Officer/Dire Title	N AVE. 2 33525 US d entity submits this statement for the purpose of changing its r E: MARVIN L. JOHNSON Electronic Signature of Registered Agent ector Detail : TRUSTEE	Title	D	05/06/2020 Date

I hereby 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 all other like empowered.

SIGNATURE: PRATER, MILTON

TRUSTEE

05/06/2020

Electronic Signature of Signing Officer/Director Detail

Entity Name: PASADENA BAPTIST CHURCH OF DADE CITY INCORPORATED

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2020 Secretary of State 1153393260CC

Date