

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 3: 1, 1

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 769951 (5)

1. Corporation Name  
**FIRST PRESBYTERIAN CHURCH OF DADE CITY, FLORIDA, INC.**

Principal Place of Business Mailing Address  
**% 516 WEST CHURCH AVE DADE CITY FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/23/1983** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-6045460** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **37412 Church Ave** 26 **PO Box 1243**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for interjurisdictional tax under S. 109.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**GRAVES, MARILYN  
5912 ST. JOE ROAD  
DADE CITY FL 33525**

10. Name and Address of New Registered Agent  
B1 Name **Dr. Katherine Piersall**  
B2 Street Address (P.O. Box Number is Not Acceptable) **35146 St Joe Rd**  
B3  
B4 City **Dade City** FL B5 Zip Code **33525**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Katherine Piersall** *Katherine W. Piersall* 1/31/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>HEMFEL, JOHN</b>
STREET ADDRESS	<b>37335 VERO LANE</b>
CITY - ST - ZIP	<b>DADE CITY FL</b>
TITLE	<b>S</b>
NAME	<b>CHADWELL, ROBERT</b>
STREET ADDRESS	<b>5324 16TH ST</b>
CITY - ST - ZIP	<b>ZEPHYRHILLS FL</b>
TITLE	<b>T</b>
NAME	<b>MOORE, RANDY</b>
STREET ADDRESS	<b>37312 MARCO LANE</b>
CITY - ST - ZIP	<b>DADE CITY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>X D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Heufel, John</b>
13 STREET ADDRESS	<b>37335 Vero Lane</b>
14 CITY - ST - ZIP	<b>Dade City, Fl</b>
21 TITLE	<b>S D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Brownlee, Harry</b>
23 STREET ADDRESS	<b>37215 Church Ave</b>
24 CITY - ST - ZIP	<b>Dade City, Fl</b>
31 TITLE	<b>T D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Moore, Randy</b>
33 STREET ADDRESS	<b>37312 Marco Lane</b>
34 CITY - ST - ZIP	<b>Dade City, Fl</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Heufel* **John Heufel, Pres.** 1/31/95 (904) 567-0484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)