FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

769951 DOCUMENT #
1. Corporation Name

(5)

FIRST PRESBYTERIAN CHURCH OF DADE CITY, FLORIDA. INC.

Principal Place of Business

Mailing Address

FILED May 01 1996 8:00 am Secretary of State

37412 CHURCI DADE CITY FL		P O BOX 1243 DADE CITY FL				
US	•	US			2 Data Incorporated or Qualified	3a. Date of Last Report
					3. Date Incorporated or Qualified 08/23/1983	05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address	<u> </u>		4. FEI Number 59-6045460	Applied For
21		26			39-0043400	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	See Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Counti	У	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30]		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Cur	rent Hegistered Agent		Name	10. Name and Address of New No	Aistelen want
DIEGONI	MATHORNE OD		ľ	1		
	L, KATHRINE DR.		82 Street Addre		dress (P.O. Box Number is Not Acceptable)	
	JOE RD		B:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DADE CI	TY FL 33525			•		
			6-	' '		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 unrecions, thereby accept the appointment as registered agent, if any familiar with and accept the obligations of Section 617.0503. Florida Statutes.						
SIGNATURE KATHRINE PIERSALL, DR Katherine W. Prusall 4/27/96						
SIGNATORE .	Signature, typed or printed name of registered a	gent and title if applicable. (f		ent signature required	3 when reinstating)	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE	$\mathcal{L}_{\mathcal{L}}$	LKINGTON, AKNOLD	Change
NAME	HEUFEL, JOHN		1.2 NAM	ا اور	O. BOX 2344	
STREET ADDRESS	37335 VERO LANE					
CITY-ST-ZIP	DADE CITY FL	Pine tre	1.4 C(TY		T. LEO, FL. 33	Change Addition
TITLE	D DOWN SE HARRY					Change Change
NAME	BROWNLEE, HARRY		2.2 NAME			
STREET ADDRESS	37215 CHURCH AVE			ET ADDRESS		
CITY-ST-ZIP	DADE CITY FL	FIDELETE		-ST-ZIP		Change Addition
TITLE	D D	DELETE	3 1 TITLE	1		Charge C Addition
NAME	MOORE, RANDY		3.2 NAM			
STREET ADDRESS	37312 MARCO LANE DADE CITY FL			ET ADDRESS		
CITY-ST-ZIP	DADE CITT FL	DELETE	4.1 TITLE	-ST-ZIP		☐ Chance ☐ Addition
TITLE		Lapteric	4.1 HILL			
NAME						
STREET ADDRESS				ET ADDRESS		
CHTY-ST-ZIP		DELETE	5.1 TITLE	- ST - ZIP		Change Addition
TITLE			5.1 HILE 5.2 NAM			
NAME				ET ADDRESS		
STREET ADDRESS			5.3 STRE 5.4 CITY	1		
CITY - ST - ZIP		DELETE	61 TITU			Change Addition
TITLE		Присси	6.2 NAM	í		
NAME				ET ADDRESS		
STREET ADDRESS				1		
CITY-ST-ZIP		ad with this fline is valuntarily fo		-ST-ZIP	or the exemption stated in Section 119 (7(3)(k) Florida Statutes I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)[k]. 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 617, Florida Statutes; and that my name appears in Block 12 or Book 13 if changed, or on an attachment with an address. 352-

SIGNATURE: \

STORING - MUTTHE RANDY A. MOOKES

4-24-96 Date

567-5285