

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769951

FILED
Apr 09, 2006
Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF DADE CITY, FLORIDA, INC.

Current Principal Place of Business:

37412 CHURCH AVE
DADE CITY, FL US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1243
DADE CITY, FL US

New Mailing Address:

FEI Number: 59-6045460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, KEVIN
37950 E PALM AVENUE
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRIMES, SANDI
Address: 10600 FORT KING RD
City-St-Zip: DADE CITY, FL 33525

Title: VPD () Delete
Name: CARROLL, JACKIE
Address: 11740 ELKINS RD.
City-St-Zip: DADE CITY, FL 33525

Title: TD () Delete
Name: HEDLUND, RICHARD
Address: 29413 ZELLER AVE.
City-St-Zip: SAN ANTONIO, FL 33576

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDI GRIMES

PD

04/09/2006

Electronic Signature of Signing Officer or Director

_____ Date