37412 CHURCI DADE CITY, FI				
Current Mai	ling Address:			
37412 CHUF DADE CITY,	RCH AVE FL 33525 US			
FEI Number: 59-6045460		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
RAUBER, RICH 13981 PARADI DADE CITY, FL				
The above name	d entity submits this statement for the purpose of changing its regis	stered office or reais	tered agent or both in the State of E	lorida
		stored ernee er regie		onua.
SIGNATURE	E: RICHARD AUGUSTUS RAUBER	storou onico or rogio		01/26/2024
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,			
SIGNATURE Officer/Dire	E: RICHARD AUGUSTUS RAUBER Electronic Signature of Registered Agent			01/26/2024
	E: RICHARD AUGUSTUS RAUBER Electronic Signature of Registered Agent	Title	TRD	01/26/2024
Officer/Dire	RICHARD AUGUSTUS RAUBER Electronic Signature of Registered Agent ctor Detail :			01/26/2024
Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : VP	Title	TRD	01/26/2024
Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : VP O'LEARY, FRAN 36011 LODGEPOLE PINE DR.	Title Name	TRD MOORE, GAIL 36137 OVERLOOK DR.	01/26/2024
Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : VP O'LEARY, FRAN 36011 LODGEPOLE PINE DR.	Title Name Address	TRD MOORE, GAIL 36137 OVERLOOK DR.	01/26/2024
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : VP O'LEARY, FRAN 36011 LODGEPOLE PINE DR. DADE CITY FL 33525	Title Name Address City-State-Zip:	TRD MOORE, GAIL 36137 OVERLOOK DR. DADE CITY FL 33525	01/26/2024
Officer/Dire Title Name Address City-State-Zip: Title	E: RICHARD AUGUSTUS RAUBER Electronic Signature of Registered Agent Ctor Detail : VP O'LEARY, FRAN 36011 LODGEPOLE PINE DR. DADE CITY FL 33525 P	Title Name Address City-State-Zip: Title	TRD MOORE, GAIL 36137 OVERLOOK DR. DADE CITY FL 33525 S	01/26/2024

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: M. SCOTT MEYER

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/26/2024

FILED Jan 26, 2024 Secretary of State 8917547811CC

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769951

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

Current Principal Place of Business:

Date