

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Worham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769951 (5)
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF DADE CITY, FLORIDA, INC.



Principal Place of Business Mailing Address
**37412 CHURCH AVE
DADE CITY FL
US** **P O BOX 1243
DADE CITY FL 33526-1243
US**

3. Date Incorporated or Qualified
08/23/1983 3a. Date of Last Report
05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 30 Country

4. FEI Number
59-6045460 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PIERSALL, KATHRINE DR.
35146 ST JOE RD
DADE CITY FL 33525**

10. Name and Address of New Registered Agent
81 Name
CURINGTON, ARNOLD DR.
82 Street Address (P.O. Box Number is Not Acceptable)
~~P.O. Box 2344~~
83 **12206 SHAKESPEARE TRAIL**
84 City
ST. LEO FL 85 Zip Code
33514

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 directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Arnold Curington* DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when replacing)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CURINGTON, ARNOLD	
STREET ADDRESS	P.O. BOX 2344	
CITY-ST-ZIP	ST. LEO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWNLEE, HARRY	
STREET ADDRESS	37215 CHURCH AVE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, RANDY	
STREET ADDRESS	37312 MARCO LANE	
CITY-ST-ZIP	DADE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CROSS, DAVID	
1.3 STREET ADDRESS	6327 WENTHROP WOOD CIRCLE	
1.4 CITY-ST-ZIP	WESLEY CHAPEL FL. 33544	
2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAWELL, JOHN	
2.3 STREET ADDRESS	31816 SYLVIAN LANE	
2.4 CITY-ST-ZIP	DADE CITY, FL. 33525	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MOORE, RANDY	
3.3 STREET ADDRESS	37312 MARCO LANE	
3.4 CITY-ST-ZIP	DADE CITY, FL. 33525	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Randy Moore* DATE: **2-6-97** DAYTIME PHONE: **352-567-5285**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045842

CR2E037 (9/96)