

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

01-12-2005 90008 028 ****70.00

DOCUMENT # N04000009179 1. Entity Name FIRST COMMUNITY CHURCH OF DADE CITY, FLORIDA, INC.					
Principal Place of Business 13419 MCINTOSH STREET DADE CITY, FL 33525			Mailing Address 13419 MCINTOSH STREET DADE CITY, FL 33525		
2. Principal Place of Business as above		3. Mailing Address as above			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 50-0523022	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANDON, JOHN W 13419 MCINTOSH STREET DADE CITY, FL 33525			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDON, JOHN W 13419 MCINTOSH STREET DADE CITY, FL 33525 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, ROBERT 11065 MEADOWLAKE DR DADE CITY, FL 33525 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTLETT, DUANE 16731 HWY 301 LOT 150 DADE CITY, FL 33523 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALIEN, HAROLD V 39810 WILDS ROAD DADE CITY, FL 33525 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Correction of spelling of name) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vander Galien, Harold	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKEY, GROVER 10336 FRANCIS DR DADE CITY, FL 33525 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hickey, Grover <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 64635 Tranquiview Dade City, Florida 33525	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNAGE, DON 37131 JANET CIRCLE DADE CITY, FL 33525 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			January 10, 2005 (352) 523-2227 <small>Date Daytime Phone #</small>		

Dr. John W. Landon