


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90028 031 ****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 37420 Beauchamp Avenue		3. Mailing Address 37420 Beauchamp Avenue			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Dade City, Florida		City & State Dade City, Florida		4. FEI Number 50-0523022	
Zip 33523		Country Pasco		5. Certificate of Status Desired <input checked="" 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" 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 VENDER GALIEN, HAROLD 39810 WILDS ROAD 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 HICKEY, GROVER 64635 TRANQUIVIEW 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 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 exemptions contained 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 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: <i>Robert C. Schmidt</i> Robert C. Schmidt, Treasurer/Director January 6, 2006 (352)567-7833					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					