

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:31

DOCUMENT # N50206 (4)

1. Corporation Name

THR FIRST UNITED METHODIST CHURCH OF DADE CITY,
FLORIDA, INC.

Principal Place of Business

Mailing Address

37628 CHURCH AVE.
DADE CITY, FL 33525
US

37628 CHURCH AVE.
DADE CITY FL 33525
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1992

3a. Date of Last Report

03/14/1994

4. FEI Number

59-0866139

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental

Fee Not Required

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, LEONARD H.
301 EAST MERIDIAN AVENUE
SUITE 314, CENTENNIAL BLDG.
DADE CITY FL 33525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HALL, LEONA M
STREET ADDRESS 10002 U.S. HWY. 98
CITY-ST-ZIP DADE CITY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME JOHNSON, JACKSON C
STREET ADDRESS 14431 21ST ST.
CITY-ST-ZIP DADE CITY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME FALLS, CAROLYN
STREET ADDRESS 32347 ST. JOE RD.
CITY-ST-ZIP DADE CITY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME HENLEY, ANDREW D
STREET ADDRESS 14531 20TH ST.
CITY-ST-ZIP DADE CITY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE D
NAME KRAMER, WALTER
STREET ADDRESS 37907 TIFFANY RD.
CITY-ST-ZIP DADE CITY FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE VD
NAME SUMNER, KEITH
STREET ADDRESS 11851 WICHER RD.
CITY-ST-ZIP DADE CITY FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

D.
HUSSEY, R. BEN, JR.
34534 MISSION ROAD DADE CITY, FL 33525

VD
POLK, FREEMAN F.
12321 FT. KING ROAD DADE CITY, FL 33525

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Keith Sumner

Keith Sumner

1-24-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #