

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N50206** (4)

1. Corporation Name  
**THR FIRST UNITED METHODIST CHURCH OF DADE CITY, FLORIDA, INC.**



Principal Place of Business: 37628 CHURCH AVE. DADE CITY FL 33525 US  
Mailing Address: 37628 CHURCH AVE. DADE CITY FL 33525 US

3. Date Incorporated or Qualified: 06/30/1992  
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields.

4. FEI Number: 59-0866139  
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: JOHNSON, LEONARD H. 301 EAST MERIDIAN AVENUE SUITE 314, CENTENNIAL BLDG. DADE CITY FL 33525

10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, LEONA M	
STREET ADDRESS	10002 U.S. HWY. 98	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JACKSON C	
STREET ADDRESS	14431 21ST ST.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FALLS, CAROLYN	
STREET ADDRESS	32347 ST. JOE RD.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENLEY, ANDREW D	
STREET ADDRESS	14531 20TH ST.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRAMER, WALTER	
STREET ADDRESS	37907 TIFFANY RD.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUMNER, KEITH	
STREET ADDRESS	11851 WICHER RD.	
CITY-ST-ZIP	DADE CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harry Barnhardt	
1.3 STREET ADDRESS	10905 Highview Dr	
1.4 CITY-ST-ZIP	Dade City, FL 33525	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Evenhouse	
2.3 STREET ADDRESS	33520 Sickler Dr	
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	Pat German	
3.3 STREET ADDRESS	37312 Church Ave	
3.4 CITY-ST-ZIP	Dade City, FL 33525	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Ben Huss, Jr.	
4.3 STREET ADDRESS	34534 Mission Rd	
4.4 CITY-ST-ZIP	Dade City, FL 33525	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SUMNER, KEITH	
6.3 STREET ADDRESS	11851 WICHER RD	
6.4 CITY-ST-ZIP	DADE CITY, FL	

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: *Carolyn D. Falls* 3/5/1996 352-567-7335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Carolyn D. Falls

CR2E037 (12/95)