


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33525-4131 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 03/13/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0866139	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	CR2E037 (9/96)
NAME	BARNHARDT, HARRY		1.2 NAME	BARNHARDT, HARRY			
STREET ADDRESS	10905 HIGHVIEW DRIVE		1.3 STREET ADDRESS	10905 HIGHVIEW DRIVE			
CITY-ST-ZIP	DADE CITY FL		1.4 CITY-ST-ZIP	DADE CITY FL 33525			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, JACKSON C		2.2 NAME	HUSS, JR ROBERT BEN			
STREET ADDRESS	14431 21ST ST.		2.3 STREET ADDRESS	34534 MISSION RD			
CITY-ST-ZIP	DADE CITY FL		2.4 CITY-ST-ZIP	DADE CITY FL 33525			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FALLS, CAROLYN		3.2 NAME	POLK, FREEMAN F.			
STREET ADDRESS	32347 ST. JOE RD.		3.3 STREET ADDRESS	12321 FORT KING RD			
CITY-ST-ZIP	DADE CITY FL		3.4 CITY-ST-ZIP	DADE CITY FL 33525			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HUSS, JR. ROBERT BEN		4.2 NAME	CLARK, SHIRLEY			
STREET ADDRESS	34534 MISSION ROAD		4.3 STREET ADDRESS	12601 TIMBER RUN			
CITY-ST-ZIP	DADE CITY FL		4.4 CITY-ST-ZIP	DADE CITY FL 33525			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SUMNER, KEITH		5.2 NAME	LIND, ROBERT			
STREET ADDRESS	11851 WICHER ROAD		5.3 STREET ADDRESS	36614 BLANTON RD			
CITY-ST-ZIP	DADE CITY FL		5.4 CITY-ST-ZIP	DADE CITY FL 33523			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SUMNER, KEITH		6.2 NAME	FALLS, CAROLYN			
STREET ADDRESS	11851 WICHER RD.		6.3 STREET ADDRESS	32747 ST. JOE RD.			
CITY-ST-ZIP	DADE CITY FL		6.4 CITY-ST-ZIP	DADE CITY FL 33525			

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: *Carolyn D. Falls* CAROLYN D. FALLS 2-4-97 352-567-7235