

FILE NOW: FILING FEE IS \$61.25

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**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 59-0866139	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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	VD <input checked="" type="checkbox"/> DELETE
NAME	BARNHARDT, HARRY
STREET ADDRESS	10905 HIGHVIEW DRIVE
CITY-ST-ZIP	DADE CITY FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	HUSS, JR. ROBERT BEN
STREET ADDRESS	34534 MISSION RD.
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	HUSS, JR. ROBERT BEN
STREET ADDRESS	34534 MISSION ROAD
CITY-ST-ZIP	DADE CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	POLK, FREEMAN F.
STREET ADDRESS	12321 FORT KING DR.
CITY-ST-ZIP	DADE CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CLARK, SHIRLEY
STREET ADDRESS	12601 TAMER RUN TIMBER
CITY-ST-ZIP	DADE CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	POLK, FREEMAN F.
1.3 STREET ADDRESS	12321 FORT KING RD
1.4 CITY-ST-ZIP	DADE CITY FL
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	YOUNG, DONALD A.
2.3 STREET ADDRESS	12313 CARL LOOP
2.4 CITY-ST-ZIP	DADE CITY FL
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SIMONDS, TROY
3.3 STREET ADDRESS	37313 MOORE DR
3.4 CITY-ST-ZIP	DADE CITY FL
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SUTTON, BRENT W.
4.3 STREET ADDRESS	12118 SHAKESPEARE TR
4.4 CITY-ST-ZIP	DADE CITY FL
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WATSON, NICHOLAS
5.3 STREET ADDRESS	37151 CULLEN TR
5.4 CITY-ST-ZIP	ZEPHYRHILLS FL
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WISE, WILLIAM Z.
6.3 STREET ADDRESS	37248 MARCO LANE
6.4 CITY-ST-ZIP	DADE CITY FL

14. 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 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: _____ **2-2-98** **357-567-4335**

CR2E037 (10/97)