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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N50206

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/30/1992

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

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME POLK, FREEMAN F.
 STREET ADDRESS 12321 FORT KING RD
 CITY-ST-ZIP DADE CITY FL

1.1 TITLE PD Change Addition
 1.2 NAME HENLEY, ANDREW D.
 1.3 STREET ADDRESS 34438 ORCHID PKWY
 1.4 CITY-ST-ZIP RIDGE MANOR FL 33523

TITLE VD DELETE
 NAME YOUND, DONALD A.
 STREET ADDRESS 12313 CARL LOOP
 CITY-ST-ZIP DADE CITY FL

2.1 TITLE D Change Addition
 2.2 NAME SUTTON, BRENT
 2.3 STREET ADDRESS 12118 SHAKESPEARE TR
 2.4 CITY-ST-ZIP DADE CITY FL 33525

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

3.1 TITLE D Change Addition
 3.2 NAME WISE, ZOYD
 3.3 STREET ADDRESS 37248 MARCO LANE
 3.4 CITY-ST-ZIP DADE CITY FL 33525

TITLE D DELETE
 NAME SIMONDS, TROY
 STREET ADDRESS 37313 MOORE DR
 CITY-ST-ZIP DADE CITY FL

4.1 TITLE D Change Addition
 4.2 NAME SWART, DONNA
 4.3 STREET ADDRESS 11920 OAK ST
 4.4 CITY-ST-ZIP SAN ANTONIO FL 33576

TITLE D DELETE
 NAME POLK, FREEMAN F.
 STREET ADDRESS 12321 FORT KING DR.
 CITY-ST-ZIP DADE CITY FL

5.1 TITLE D Change Addition
 5.2 NAME SIMONDS, TROY
 5.3 STREET ADDRESS 8745 VIKING LANE
 5.4 CITY-ST-ZIP LAKELAND FL 33809

TITLE D DELETE
 NAME CLARK, SHIRLEY
 STREET ADDRESS 12601 TIMBER RUN
 CITY-ST-ZIP DADE CITY FL

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

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, with all other like empowered.

SIGNATURE: *Andrew D. Henley* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99
 Date

352-567-5133
 Daytime Phone #

CR2E037 (1/198)