

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90010 003 \*\*\*\*61.25

**DOCUMENT # N50206**

1. Entity Name

**THR FIRST UNITED METHODIST CHURCH OF DADE CITY,**



Principal Place of Business

37628 CHURCH AVE.  
 DADE CITY FL 33525  
 US

Mailing Address

37628 CHURCH AVE.  
 DADE CITY FL 33525  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0866139**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: HENLEY, ANDREW D  
 STREET ADDRESS: 34438 ORCHID PKWY  
 CITY-ST-ZIP: RIDGE MANOR FL 33523  
 Delete

TITLE: D  
 NAME: DONNA SWART  
 STREET ADDRESS: 11920 OAK ST  
 CITY-ST-ZIP: SAN ANTONIO FL 33576  
 Change  Addition

TITLE: D  
 NAME: SUTTON, BRENT  
 STREET ADDRESS: 12118 SHAKESPEARE TR  
 CITY-ST-ZIP: DADE CITY FL 33525  
 Delete

TITLE: D  
 NAME: ZOYD WISE  
 STREET ADDRESS: 37248 MARCO LANE  
 CITY-ST-ZIP: DADE CITY FL 33525  
 Change  Addition

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

TITLE: D  
 NAME: HARRY BARNHARDT  
 STREET ADDRESS: 10905 HIGHVIEW DR  
 CITY-ST-ZIP: DADE CITY FL 33525  
 Change  Addition

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

TITLE: D  
 NAME: JACKSON C. JOHNSON  
 STREET ADDRESS: 14431 21ST ST  
 CITY-ST-ZIP: DADE CITY FL 33523  
 Change  Addition

TITLE: D  
 NAME: SIMONDS, TROY  
 STREET ADDRESS: 8745 VIKING LANE  
 CITY-ST-ZIP: LAKELAND FL 33809  
 Delete

TITLE: D  
 NAME: ROBERT TISDALE  
 STREET ADDRESS: 31827 AMBERLEA RD  
 CITY-ST-ZIP: SAN ANTONIO, FL 33576  
 Change  Addition

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

TITLE: D  
 NAME: PAT GERMAN  
 STREET ADDRESS: 37312 CHURCH AVE  
 CITY-ST-ZIP: DADE CITY, FL 33525  
 Change  Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn D. Falls* Carolyn D. Falls 7/21/00 352-567-7335  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)