2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90011 024 ****61.25

DOCUMENT # N50206

1. Entity Name

THR FIRST UNITED METHODIST CHURCH OF DADE CITY, FLORIDA, INC.

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

D00036699

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0866139 ☐ Applied For ☐ Not Applicable

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENLEY, ANDREW D 34438 ORCHID PKWY RIDGE MANOR FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLARK, THOMAS 12601 TIMBER RUN DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HAYDEN, NORMA 36700 JEFFERSON AVE DADE CITY, FL 33523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEEBE, CURTIS 37547 CHURCH AV DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HAYDEN, ALBERT 36700 JEFFERSON AVE DADE CITY, FL 33523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JACKSON C 14431 21 ST DADE CITY FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WISE, ZOYD 37248 MARCO LANE DADE CITY, FL 33525	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STURWOLD, NINA 36910 SUWANEE WAY DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	POLK, FREEMAN 12321 FORT KING RD DADE CITY, FL 33525	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TISDALE, ROBERT 31827 AMBERLEA RD SAN ANTONIO FL 33576	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TISDALE, ROBERT 31827 AMBERLEA RD SAN ANTONIO, FL 33576	☒ Change ☐ Addition
			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Thomas J. Clark 02/20/2002 (352-567-3386)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #