

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90084 039 ****61.25

DOCUMENT # N50206

1. Entity 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

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JACKSON C JR 37410 DIXIE AVE DADE CITY FL 33525	☐ Delete
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	D HUSS, KELLY 5147 FOX HUNT DR ZEPHYRHILLS FL 33543	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, BARRY 5723 BASS DR ZEPHYRHILLS FL 33541	☐ Delete
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	SD TISDALE, ROBERT 31827 AMBERLEA RD SAN ANTONIO FL 33576	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALLEY, H. RICHARD 35230 ST. JOE RD DADE CITY, FL 33525	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRUETT, CHARLES S. JR. 13520 3RD ST DADE CITY, FL 33525	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, LLOYD 37204 CHURCH AVE DADE CITY, FL 33525	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, WILLIAM J. 37639 HOWARD AVE APT 6 DADE CITY, FL 33525	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/04 352-567-5604