



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90251 028 ****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		<p style="text-align: right; font-size: 24pt;">50041616</p> 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-0866139 Applied For Not Applicable	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JOHNSON, JACKSON C JR	NAME	Pruett, Charles S. Jr.		
STREET ADDRESS	37410 DIXIE AVE	STREET ADDRESS	13520 3rd St.		
CITY-ST-ZIP	DADE CITY, FL 33525	CITY-ST-ZIP	Dade City, FL 33525		
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CLARK, THOMAS	NAME	Johnson, Nancy B.		
STREET ADDRESS	12601 TIMBER RUN	STREET ADDRESS	14552 Mt. Zion Rd.		
CITY-ST-ZIP	DADE CITY, FL 33525	CITY-ST-ZIP	Dade City, FL 33523		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HUSS, KELLY	NAME	Tisdale, Robert		
STREET ADDRESS	5147 FOX HUNT DR	STREET ADDRESS	31827 Amberlea Rd.		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543	CITY-ST-ZIP	San Antonio, FL 33576		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LUCAS, BARRY	NAME	Sutton, Michele		
STREET ADDRESS	5723 BASS DR	STREET ADDRESS	14632 Mt. Zion Rd.		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	CITY-ST-ZIP	Dade City, FL 33523		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMALLEY, RICHARD H	NAME	Swart, John		
STREET ADDRESS	35230 ST. JOE RD.	STREET ADDRESS	11920 Oak St.		
CITY-ST-ZIP	DADE CITY, FL 33525	CITY-ST-ZIP	San Antonio, FL 33576		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	BRUETT, CHARLES S JR	NAME			
STREET ADDRESS	13520 3RD ST.	STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL 33525	CITY-ST-ZIP			
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: <i>Janet V Haberkorn, Treasurer</i> 4/19/05 (352) 567-5604					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					