

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90199 004 \*\*\*\*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**

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**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYDEN, NORMA</b> <b>36700 JEFFERSON AVENUE</b> <b>DADE CITY FL 33523</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CLARK, THOMAS</b> <b>12601 TIMBER RUN</b> <b>DADE CITY FL 33525</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEEBE, CURTIS</b> <b>37547 CHURCH AV</b> <b>DADE CITY FL 33525</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, JACKSON C</b> <b>14431 21 ST</b> <b>DADE CITY FL 33523</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STURWOLD, NINA</b> <b>36910 SUWANEE WAY</b> <b>DADE CITY FL 33525</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>TISDALE, ROBERT</b> <b>31827 AMBERLEA RD</b> <b>SAN ANTONIO FL 33576</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, JACKSON C. JR</b> <b>37410 DIXIE AVE</b> <b>DADE CITY FL 33525</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUSS, KELLY</b> <b>5147 FOX HUNT DRIVE</b> <b>WESLEY CHAPEL, FL 33543</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUCAS, BARRY</b> <b>5723 BASS DR</b> <b>ZEPHYRHILLS FL 33541</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYDEN, AL</b> <b>36700 JEFFERSON AVE</b> <b>DADE CITY, FL ###@#</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WISE, ZOYD</b> <b>37248 MARCO LANE</b> <b>DADE CITY FL 33525</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POLK, FREEMAN</b> <b>12321 FORT KING RD</b> <b>DADE CITY FL 33525</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Thomas D. Cleaver*      01/27/03      352-567-3386

CR2E037 (10/02)