Carronerin	icipal Place of Business:			
37412 CHURCH	1 AVE			
DADE CITY, FI	_ 33525			
Current Mai	ling Address:			
37412 CHUF	RCH AVE			
DADE CITY,	FL 33525 US			
FEI Number: 59-6045460			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
RAUBER, RICH	ARD AUGUSTUS			
13981 PARADISE LANE				
DADE CITY, FL	33525 US			
The above named				
	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Fior	rida.
	I entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flor	
	RICHARD AUGUSTUS RAUBER	stered office or regis	tered agent, or both, in the State of Flor	01/26/2024
		tered office or regis	tered agent, or both, in the State of Flor	
	EIECTIONIC SIGNATURE OF REGISTERED AGENT	tered office or regis	tered agent, or both, in the State of Fior	01/26/2024
SIGNATURE	EIECTIONIC SIGNATURE OF REGISTERED AGENT	Title	TRD	01/26/2024
SIGNATURE	Electronic Signature of Registered Agent			01/26/2024
SIGNATURE Officer/Direc Title	Electronic Signature of Registered Agent	Title	TRD	01/26/2024
SIGNATURE Officer/Direc Title Name	Electronic Signature of Registered Agent Ctor Detail : VP O'LEARY, FRAN 36011 LODGEPOLE PINE DR.	Title Name	TRD MOORE, GAIL 36137 OVERLOOK DR.	01/26/2024
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : VP O'LEARY, FRAN 36011 LODGEPOLE PINE DR.	Title Name Address City-State-Zip:	TRD MOORE, GAIL 36137 OVERLOOK DR. DADE CITY FL 33525	01/26/2024
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : VP O'LEARY, FRAN 36011 LODGEPOLE PINE DR.	Title Name Address	TRD MOORE, GAIL 36137 OVERLOOK DR.	01/26/2024
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	EIECTORIC Signature of Registered Agent EIECTORIC Signature of Registered Agent Ctor Detail : VP O'LEARY, FRAN 36011 LODGEPOLE PINE DR. DADE CITY FL 33525	Title Name Address City-State-Zip:	TRD MOORE, GAIL 36137 OVERLOOK DR. DADE CITY FL 33525	01/26/2024
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : VP O'LEARY, FRAN 36011 LODGEPOLE PINE DR. DADE CITY FL 33525 P	Title Name Address City-State-Zip: Title	TRD MOORE, GAIL 36137 OVERLOOK DR. DADE CITY FL 33525 S	01/26/2024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: M. SCOTT MEYER

PRESIDENT

01/26/2024

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769951

Entity Name: FIRST PRESBYTERIAN CHURCH OF DADE CITY, FLORIDA, INC.

Current Principal Place of Business:

FILED Jan 26, 2024 **Secretary of State** 8917547811CC

Date