

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50206

**FILED**  
**Jan 24, 2018**  
**Secretary of State**  
**CC3246664546**

**Entity Name:** THR FIRST UNITED METHODIST CHURCH OF DADE CITY,  
FLORIDA, INC.

**Current Principal Place of Business:**

37628 CHURCH AVE.  
DADE CITY, FL 33525

**Current Mailing Address:**

37628 CHURCH AVE.  
DADE CITY, FL 33525 US

**FEI Number: 59-0866139**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

JOHNSON, LEONARD H.  
BARNETT, BOLT, KIRKWOOD, LONG & KOEHE, PA  
601 BAYSHORE BLVD., SUITE 700  
TAMPA, FL 33606 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name SUMNER, TODD  
Address 37051 CHURCH AVE.  
City-State-Zip: DADE CITY FL 33525

Title PD  
Name RENAULT, JAMES ODR  
Address 13414-10TH STREET  
City-State-Zip: DADE CITY FL 33525

Title D  
Name GRACE, JIM  
Address 13543 RIADA WAY  
City-State-Zip: DADE CITY FL 33525

Title DIRECTOR  
Name FERGUSON, JERE C.  
Address 38113 COUNTRYSIDE PLACE  
City-State-Zip: DADE CITY FL 33525

Title DIRECTOR  
Name CARTER, AARON  
Address 7545 MERCHANTVILLE CIRCLE  
City-State-Zip: ZEPHYRHILLS FL 33540

Title DIRECTOR  
Name GRUBER, MARJORIE  
Address 38210 MCDONALD ST.  
City-State-Zip: DADE CITY FL 33525

*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: DR. JAMES O. RENAULT**

**PRESIDENT**

**01/24/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date