

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50206

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC8099392183**

**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.  
301 EAST MERIDIAN AVENUE  
SUITE 314, CENTENNIAL BLDG.  
DADE CITY, FL 33525 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           CLARK, THOMAS  
Address        12601 TIMBER RUN  
City-State-Zip: DADE CITY FL 33525

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           HUDSON, ELLEN  
Address        38040 SUNSET AVE.  
City-State-Zip: DADE CITY FL 33525

Title           D  
Name           DEWITT, OLIVER  
Address        37653 HOWARD AVENUE  
City-State-Zip: DADE CITY FL 33525

Title           D  
Name           GRACE, JIM  
Address        13543 RIADA WAY  
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**

**01/27/2016**

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

\_\_\_\_\_  
Date