

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001183 (2)

1. Corporation Name

FAITH LUTHERAN CHURCH OF CLEWISTON, INC.



Principal Place of Business	Mailing Address
810 CEDAR ST CLEWISTON FL 33440	P.O. BOX 338 CLEWISTON FL 33440

3. Date Incorporated or Qualified	03/04/1994
4. FEI Number	65-0155169
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
HELTON, RICHARD L 1837 E MAIN ST PAHOKEE FL 33478	

10. Name and Address of New Registered Agent	
81 Name	JACK D. WEBB
82 Street Address (P.O. Box Number is Not Acceptable)	
83	219 RIDGEWOOD AVE
84 City	CLEWISTON FL
85 Zip Code	33440

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* 4-25-98
 Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	320 DESOTO AVE.	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	219 RIDGEWOOD AVE.	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	217 E EL PASO AVE	
CITY-ST-ZIP	CLEWISTON FL 33440-4611	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	1862 ALLEN RD	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	904 N BERNER RD	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	300 SAGINAW	
CITY-ST-ZIP	CLEWISTON FL 33440	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TRUSTEE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAVID A. EAVES	
6.3 STREET ADDRESS	517 C AZTEC AVE	
6.4 CITY-ST-ZIP	CLEWISTON FL 33440	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* MARGARET J NELSON - TREASURER 4-25-98 5/1/98 2-0850

CR2E037 (10/97)