

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15034 (4)
1. Corporation Name
FIRST BAPTIST CHURCH OF CLEWISTON, FLORIDA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 FEB - 5 PM 12: 18

DO NOT WRITE IN THIS SPACE

Principal Place of Business
102 CENTRAL AND VENTURA AVENUE
CLEWISTON FL 33440

Mailing Address
102 CENTRAL AND VENTURA AVENUE
CLEWISTON FL 33440

3. Date incorporated or Qualified 05/21/1986	3a. Date of Last Report 02/17/1994
4. FEI Number 59-1059910	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent ADAMS, W. R. TROPICAL MHV, LOT 137 CLEWISTON FL 33440	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	86 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBERT STACY
STREET ADDRESS	604 E. AVENADEL RIO
CITY - ST - ZIP	CLEWISTON FL
TITLE	VD
NAME	JERRY GRACE
STREET ADDRESS	309 E. DEL MONTE
CITY - ST - ZIP	CLEWISTON FL
TITLE	SD
NAME	LARRY WORTH
STREET ADDRESS	RT.2 BOX 160-B HWY 27
CITY - ST - ZIP	CLEWISTON FL
TITLE	F
NAME	JOHN PERRY, SR.
STREET ADDRESS	715 LAUREL ST.
CITY - ST - ZIP	CLEWISTON FL
TITLE	I
NAME	W.R. ADAMS
STREET ADDRESS	TROPICAL MHV LOT 137
CITY - ST - ZIP	CLEWISTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13.

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Jerry Grace	
1.3 STREET ADDRESS	309 E. Del Monte	
1.4 CITY - ST - ZIP	Clewiston, FL 33440	☐ Change ☒ Addition
2.1 TITLE	VD	
2.2 NAME	Andy Lee	
2.3 STREET ADDRESS	P.O. Box 2106 N/A	
2.4 CITY - ST - ZIP	Clewiston, FL 33440	☐ Change ☐ Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		☐ Change ☐ Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		☐ Change ☐ Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. R. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0040957