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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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.



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
02/21/1996

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**

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
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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
FL **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LEE, ANDY | |
| STREET ADDRESS | 303 WEST VENTURA AVENUE | |
| CITY-ST-ZIP | CLEWISTON FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ROBERTS, CHARLES | |
| STREET ADDRESS | 413 EAST PASADENA | |
| CITY-ST-ZIP | CLEWISTON FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | LARRY WORTH | |
| STREET ADDRESS | RT.2 BOX 160-B HWY 27 | |
| CITY-ST-ZIP | CLEWISTON FL | |
| TITLE | F | <input type="checkbox"/> DELETE |
| NAME | JOHN PERRY, SR. | |
| STREET ADDRESS | 715 LAUREL ST. | |
| CITY-ST-ZIP | CLEWISTON FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | W.R. ADAMS | |
| STREET ADDRESS | TROPICAL MHV LOT 137 | |
| CITY-ST-ZIP | CLEWISTON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Roberts, Charles | |
| 1.3 STREET ADDRESS | 413 E. Pasadena | |
| 1.4 CITY-ST-ZIP | Clewiston, FL 33440 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Larry Worth | |
| 2.3 STREET ADDRESS | Rt. 2 Box 160-B Hwy 27 | |
| 2.4 CITY-ST-ZIP | Clewiston, FL 33440 | |
| 3.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Frank Doyle | |
| 3.3 STREET ADDRESS | 215 Via Del Aqua | |
| 3.4 CITY-ST-ZIP | Clewiston, FL 33440 | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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: *W. R. Adams* **1/15/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone # 0078852

CR2E037 (9/96)