

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15034 (4)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF CLEWISTON, FLORIDA, INC.**



Principal Place of Business <b>102 CENTRAL AND VENTURA AVENUE CLEWISTON FL 33440</b>	Mailing Address <b>102 CENTRAL AND VENTURA AVENUE CLEWISTON FL 33440</b>
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<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>3. Date Incorporated or Qualified</b> <b>05/21/1986</b>
<b>4. FEI Number</b> <b>59-1059910</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b>  <b>ADAMS, W. R.</b> <b>TROPICAL MHV, LOT 137</b> <b>CLEWISTON FL 33440</b>
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<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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**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	
<b>TITLE</b> PD <b>NAME</b> ROBERTS, CHARLES <b>STREET ADDRESS</b> 431 PASADENA <b>CITY-ST-ZIP</b> CLEWISTON FL 33440 <input checked="" type="checkbox"/> DELETE	<b>TITLE</b> VD <b>NAME</b> LARRY WORTH <b>STREET ADDRESS</b> RT.2 BOX 160-B HWY 27 <b>CITY-ST-ZIP</b> CLEWISTON FL 33440 <input checked="" type="checkbox"/> DELETE
<b>TITLE</b> F <b>NAME</b> JOHN PERRY, SR. <b>STREET ADDRESS</b> 715 LAUREL ST. <b>CITY-ST-ZIP</b> CLEWISTON FL <input checked="" type="checkbox"/> DELETE	<b>TITLE</b> T <b>NAME</b> W.R. ADAMS N/A <b>STREET ADDRESS</b> TROPICAL MHV LOT 137 <b>CITY-ST-ZIP</b> CLEWISTON FL <input type="checkbox"/> DELETE
<b>TITLE</b> SD <b>NAME</b> DOWDLE, FRANK <b>STREET ADDRESS</b> 215 VIA DEL AQUA <b>CITY-ST-ZIP</b> CLEWISTON FL 33440 <input checked="" type="checkbox"/> DELETE	<b>TITLE</b> W. R. <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1.1 TITLE</b> PD <b>1.2 NAME</b> Larry Worth <b>1.3 STREET ADDRESS</b> Rt. 2 Box 160-B Hwy. 27 <b>1.4 CITY-ST-ZIP</b> Clewiston FL 33440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>2.1 TITLE</b> VD <b>2.2 NAME</b> Jody Hendry <b>2.3 STREET ADDRESS</b> 202 Cypress Ave <b>2.4 CITY-ST-ZIP</b> Clewiston FL 33440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.1 TITLE</b> Finance Chairman <b>3.2 NAME</b> Ellen Wine <b>3.3 STREET ADDRESS</b> P O Box 935 <b>3.4 CITY-ST-ZIP</b> Clewiston, FL 33440 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>4.1 TITLE</b> SD <b>4.2 NAME</b> Glen Pridden <b>4.3 STREET ADDRESS</b> 114 W. Arcade <b>4.4 CITY-ST-ZIP</b> Clewiston FL 33440 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: *W. R. Adams*

CR2E037 (10/97)