

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90189 045 ****61.25

DOCUMENT # N15034

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/21/1986

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

9. Name and Address of Current Registered Agent

ADAMS, W. R.
TROPICAL MHV, LOT 137
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

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 *W. R. Adams*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME WORTH, LARRY
STREET ADDRESS RT 2 BOX 160-B HWY 27
CITY-ST-ZIP CLEWISTON FL 33440

TITLE VD ☒ DELETE

NAME HENDRY, JODY
STREET ADDRESS 202 CYPRESS AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE F ☐ DELETE

NAME WINE, ELLEN
STREET ADDRESS P.O. BOX 935
CITY-ST-ZIP CLEWISTON FL

TITLE T ☐ DELETE

NAME W.R. ADAMS
STREET ADDRESS TROPICAL MHV LOT 137
CITY-ST-ZIP CLEWISTON FL

TITLE SD ☐ DELETE

NAME PRIDGEN, GLEN
STREET ADDRESS 114 W ARCADE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Jody Hendry
1.3 STREET ADDRESS 202 Cypress Ave.
1.4 CITY-ST-ZIP Clewiston, FL 33440

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Buddy Culberson
2.3 STREET ADDRESS 204 DeSoto Avenue
2.4 CITY-ST-ZIP Clewiston, FL 33440

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *W. R. Adams* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)