

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15034

1. Entity Name

FIRST BAPTIST CHURCH OF CLEWISTON, FLORIDA, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90015 004 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1059910

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD ☒ Change ☐ Addition  
NAME Buddy Culberson  
STREET ADDRESS 204 Desoto Avenue  
CITY-ST-ZIP Clewiston, FL 33440

TITLE VD ☒ Delete  
NAME CULBERSON, BUDDY  
STREET ADDRESS 204 DESOTO AVENUE  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE VD ☒ Change ☐ Addition  
NAME Andy Rackley  
STREET ADDRESS 8970 SR 80  
CITY-ST-ZIP Moore Haven, FL 33471

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

TITLE ☒ Change ☐ Addition  
NAME *W. R. Adams*  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME *Treasurer 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 SD ☒ Change ☐ Addition  
NAME Frank Dawdle  
STREET ADDRESS 215 Via Del Aqua  
CITY-ST-ZIP Clewiston, FL 33440

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date

Daytime Phone #

CR2E037 (9/99)