

# 2001 UNIFORM BUSINESS REPORT (UBR)

17

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90040 037 \*\*\*\*61.25

**DOCUMENT # N15034**

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CULBERSON, BUDDY	
STREET ADDRESS	204 DESOTO AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RACKLEY, ANDY	
STREET ADDRESS	8970 SR 80	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	T	<input type="checkbox"/> Delete
NAME	W.R. ADAMS	
STREET ADDRESS	TROPICAL MHV LOT 137	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOWDLE, FRANK	
STREET ADDRESS	215 VIA DEL AQUA	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rackley, Andy	
STREET ADDRESS	102 E Ventura Avenue	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Baker	
STREET ADDRESS	PO Box 249	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)