

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91281 006 ****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

54042845



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1059910

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WORTH, LARRY
200 W CIRCLE
CLEWISTON FL 33440

Name

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

114 W. Arcade

City

Clewiston

FL

Zip Code

33440

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WORTH, LARRY ☒ Delete
STREET ADDRESS P.O. BOX 334
CITY-ST-ZIP CLEWISTON FL 33440

TITLE VD
NAME PRIDGEN, GLEN ☐ Delete
STREET ADDRESS P.O. BOX 24
CITY-ST-ZIP CLEWISTON FL 33440

TITLE T
NAME PHELPS, RICHARD ☐ Delete
STREET ADDRESS 327 AVENIDA DEL RIO
CITY-ST-ZIP CLEWISTON FL 33440

TITLE SD
NAME PRIDGEN, GLEN ☐ Delete
STREET ADDRESS P.O. BOX 24
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Glen Pridgen
STREET ADDRESS 114 W. Arcade
CITY-ST-ZIP Clewiston, FL 33440

TITLE VD ☐ Change ☒ Addition
NAME Lee Davis
STREET ADDRESS 707 Hopper Dike Rd. Apt. 702
CITY-ST-ZIP Clewiston, FL 33440

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

TITLE SD ☐ Change ☒ Addition
NAME Frank Dowdle
STREET ADDRESS 515 Via Del Agua
CITY-ST-ZIP Clewiston, FL 33440

TITLE ☐ Change ☐ Addition
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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04

863-983-2982

Date

Daytime Phone #