

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 706732

1. Entity Name
**FIRST CHRISTIAN CHURCH OF CLEWISTON, FLORIDA,
INC.**



Principal Place of Business
**201 NORTH FRANCISCO
CLEWISTON, FL 33440**

Mailing Address
**201 NORTH FRANCISCO
CLEWISTON, FL 33440**



01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0188248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, MICHAEL E
113 SUGARLAND CIRCLE
CLEWISTON, FL 33440**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
WALKER, DEANNA L.
113 SUGARLAND CIRCLE
CLEWISTON, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
BRINN, JOHN
RT. 1, BOX 781
MOORE HAVEN, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TCD
WALKER, MICHAEL E.
113 SUGARLAND CIRCLE
CLEWISTON, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
GIDDENS, STAN
112 PINE LANE
CLEWISTON, FL 33440**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
RUSH, CLYDE
814 E. TRINIDAD ST
CLEWISTON, FL 33440**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
NOBLE, EARL
831 E. SAGAMORE ST
CLEWISTON, FL 33440**

1100000384297
01/17/06-80006-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Deanna L. Walker DEANNA L. WALKER 1/9/06 (863) 983-6313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #