


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 706732</b> 1. Entity Name <b>FIRST CHRISTIAN CHURCH OF CLEWISTON, FLORIDA, INC.</b>	
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Principal Place of Business <b>201 NORTH FRANCISCO CLEWISTON, FL 33440</b>	Mailing Address <b>201 NORTH FRANCISCO CLEWISTON, FL 33440</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0188248</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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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

U00000580305  
01/10/07-80041-024 61.25

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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 1/4/07 (863) 983-6373  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #