

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706732

FILED
Jan 10, 2009
Secretary of State

Entity Name: FIRST CHRISTIAN CHURCH OF CLEWISTON, FLORIDA, INC.

Current Principal Place of Business:

201 NORTH FRANCISCO
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

201 NORTH FRANCISCO
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 65-0188248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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:

01/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUCEY, PATRICK
Address: 551 CYPRESS CIRCLE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: BRINN, JOHN,
Address: RT.1, BOX 781
City-St-Zip: MOORE HAVEN, FL

Title: TCD () Delete
Name: WALKER, MICHAEL E.
Address: 113 SUGARLAND CIRCLE
City-St-Zip: CLEWISTON, FL

Title: D () Delete
Name: GIDDENS, STAN
Address: 112 PINE LANE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: RUSH, CLYDE
Address: 814 E. TRINIDAD ST
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: NOBLE, EARL
Address: 831 E. SAGAMORE ST
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TCD (X) Change () Addition
Name: WALKER, MICHAEL E.
Address: 113 E SUGARLAND CIRCLE
City-St-Zip: CLEWISTON, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CASTELLANOS, JULIUS
Address: 1821 MATTHEW LOOP #21
City-St-Zip: CLEWISTON, FL 33440

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E WALKER

TCD

01/10/2009

Electronic Signature of Signing Officer or Director

Date