2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730486

FILED Mar 29, 2009 Secretary of State

Entity Name: FIRST MISSIONARY BAPTIST CHURCH OF CLEWISTON, INC.

Current Principal Place of Business: New Principal Place of Business:

705 S. OLYMPIA STREET CLEWISTON, FL 33440 US

Current Mailing Address: New Mailing Address:

705 S. OLYMPIA STREET CLEWISTON, FL 33440 US

FEI Number: 59-0945134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RODRIGUEZ, SANTIAGO
425 WEST ARCADE AVE
CLEWISTON, FL 33440 US
HANEY, JOSHUA A PRES.
705 S OLYMPIA ST.
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: JOSHUA A. HANEY 03/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: S () Delete Title: () Change () Addition

 Name:
 RODRIGUEZ, MARY BETH
 Name:

 Address:
 425 WEST ARCADE AVE
 Address:

 City-St-Zip:
 CLEWISTON, FL 33440
 City-St-Zip:

Title: PD () Delete Title: T (X) Change () Addition

 Name:
 RODRIGUEZ, SANTIAGO
 Name:
 RODRIGUEZ, SANTIAGO

 Address:
 425 WEST ARCADE AVE
 Address:
 425 WEST ARCADE AVE

 City-St-Zip:
 CLEWISTON, FL 33440
 City-St-Zip:
 CLEWISTON, FL 33440

Title: T (X) Delete Title: () Change () Addition

 Name:
 MCMILLAN, LESTER J
 Name:

 Address:
 124 S.E. 4TH ST NORTH
 Address:

 City-St-Zip:
 BELLE GLADE, FL 33430
 City-St-Zip:

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: JOSHUA A. HANEY P 03/29/2009