


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90014 029 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732812

1. Corporation Name

FIRST UNITED PENTECOSTAL CHURCH OF CLEWISTON, IN C.

Principal Place of Business

RIDGDILL RD & EVERCANE RD
RT 1 BOX 338A
CLEWISTON FL 33440

Mailing Address

RIDGDILL RD & EVERCANE RD
RT 1 BOX 338A
CLEWISTON FL 33440



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21		26	05/20/1975
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. FEI Number
22		27	65-0158870
City & State		City & State	Applied For
23		28	Not Applicable
Zip	Country	Zip	Country
24	25	29	30
5. Certificate of Status Desired			\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HARRIS, JONATHAN MARK
RT. 1, BOX 338A
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MICHELE A.	1.2 NAME	
STREET ADDRESS	RT. 1, BOX 338A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, J. MARK	2.2 NAME	
STREET ADDRESS	RT. 1, BOX 338A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, T. M.	3.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 71	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JOHN W.	4.2 NAME	
STREET ADDRESS	1642 TAMMY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Jonathan Mark Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 941-983-2338
Date Daytime Phone #

0044410

021470

CR2E037 (11/98)