# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 07, 2002 8:00 am**
**Secretary of State**
02-07-2002 90178 007 ****70.00

DOCUMENT # 732812

1. Entity Name

FIRST UNITED PENTECOSTAL CHURCH OF CLEWISTON, IN C.

| Principal Place of Business | Mailing Address |
|---|---|
| 911 EVERCANE RD.<br>RT 1 BOX 338A<br>CLEWISTON FL 33440 | 911 EVERCANE RD.<br>RT 1 BOX 338A<br>CLEWISTON FL 33440 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0158870 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HARRIS, JONATHAN MARK Sr.<br>~~1798~~ RIDGEDILL ROAD 1923 Ridgdill Road<br>CLEWISTON FL 33440-9758 | Name Jonathan Mark Harris Sr.<br>Street Address (P.O. Box Number is Not Acceptable) 1923 Ridgdill Road<br>City Clewiston FL Zip Code 33440-9758 |

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.

SIGNATURE J. Mark Harris 1-20-2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HARRIS, MICHELE A.<br>1798 RIDGEDILL ROAD<br>CLEWISTON FL 33440-9758 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HARRIS, J.MARK<br>1798 RIDGEDILL ROAD<br>CLEWISTON FL 33440-9758 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>REYNOLDS, T M<br>ROUTE 1, BOX 71<br>CLEWISTON, FL 00000 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Remove<br>Mrs. Reynolds passed away<br>1-11-02 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WHITE, JOHN W.<br>1642 TAMMY RD<br>CLEWISTON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HESRICK, STEVEN D<br>1550 OLD HWY 27 LOT # 4<br>CLEWISTON FL 33440 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Hedrick<br>(not Hesrick) | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

12. 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 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:** SONIA GUTIERREZ J. 1-20-02 863-983-2338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #