

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90028 009 ****61.25

DOCUMENT # 753787
 1. Entity Name
COMMUNITY PRESBYTERIAN CHURCH OF CLEWISTON, FLORIDA, IN THE UNITED STATES OF AMERICA



Principal Place of Business: **407 N. ROYAL PALM AVE. CLEWISTON FL 33440**
 Mailing Address: **407 N. ROYAL PALM AVE. CLEWISTON FL 33440**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Country



1st MOORE CR2E037 (10/04)

4. FEI Number: **59-2304073**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BLANFORD, VICTOR
333 W. AZTEC AVE.
CLEWISTON FL 33440

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: *[Signature]* DATE: **1/30/05**
Signature: Hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, K S	
STREET ADDRESS	PARK AVENUE	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLANFORD, VICTOR	
STREET ADDRESS	333 W. AZTEC AVE.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, ERUNDA (Erlinda)	
STREET ADDRESS	RT. 3 BOX 903	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANFORD, ALICE	
STREET ADDRESS	333 W. AZTEC AVE.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTIN, CURVIN	
STREET ADDRESS	417 ROYAL PALM AL.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENSON, JAMES	
STREET ADDRESS	51700 HWY #15	
CITY-ST-ZIP	CLEWISTON FL 33440	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* DATE: **1/30/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #