


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90005 026 ****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.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40024110



02162006 Chg-NP CR2E037 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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, 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CURVIN	
STREET ADDRESS	417 ROYAL PALM AVE	
CITY-ST-ZIP	CLEWISTON, FL 33440	
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 exemptions contained 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 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: _____ **2/28/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #