


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90011 021 ****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
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DO NOT WRITE IN THIS SPACE



02142007 No Chg-NP CR2E037 (4/06)

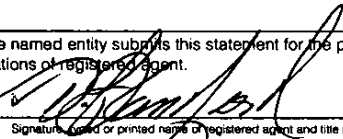
4. FEI Number 59-2304073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLANFORD, VICTOR
 333 W. AZTEC AVE.
 CLEWISTON, FL 33440**

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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: _____

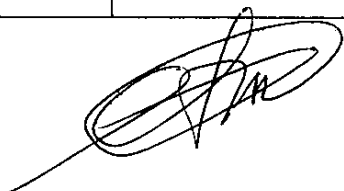
Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, K S PARK AVENUE MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANFORD, VICTOR 333 W. AZTEC AVE. CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, ERLINDA RT 3 BOX 903 MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANFORD, ALICE 333 W. AZTEC AVE. CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CURVIN 417 ROYAL PALM AVE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, JAMES 51700 HWY #15 CLEWISTON, FL 33440



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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:  DATE: _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR