

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:16

DOCUMENT # N11075 (1)

1. Corporation Name

THE FIRST UNITED METHODIST CHURCH OF CLEWISTON, FLORIDA, INC.

Principal Place of Business

Mailing Address

331 W OSCEOLA AVE
CLEWISTON FL 33440
US

352 W ARCADE AVE
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/12/1985	3a. Date of Last Report 04/20/1994
4. FEI Number 59-1874082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANCL, KATIE
715 BOND STR
CLEWISTON FL 33440

81. Name	BLOUNT, LEWIS
82. Street Address (P.O. Box Number is Not Acceptable)	518 E. VENTURA
83. City	CLEWISTON
84. State	FL
85. Zip Code	33440

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Lewis Blount *Lewis S. Blount*

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMAN, JOHN	1.2 NAME	LEHMAN, JOHN
STREET ADDRESS	317 E ARCADE AVE	1.3 STREET ADDRESS	317 E. Arcade Ave.
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	Clewiston, Fl. 3440
TITLE	C	2.1 TITLE	NO LONGER ON COMMITTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATIE VANCL	2.2 NAME	VANCL, KATIE
STREET ADDRESS	715 BOND ST.	2.3 STREET ADDRESS	715 Bond St.
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	D	3.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, LEWIS	3.2 NAME	BLOUNT, LEWIS
STREET ADDRESS	518 E. VENTURA	3.3 STREET ADDRESS	518 E. Ventura
CITY-ST-ZIP	CLEWISTON FL 33440	3.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	D	4.1 TITLE	NO LONGER ON COMMITTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZERE, KEN	4.2 NAME	LAZERE, KEN
STREET ADDRESS	815 CARIBBEAN	4.3 STREET ADDRESS	815 Caribbean
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTPHIN, CHUCK	5.2 NAME	BOWLING, Herschel
STREET ADDRESS	1000 PONCE DE LEON	5.3 STREET ADDRESS	305 E. Avenida Del Rio
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	D	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBISON, JANE	6.2 NAME	DRAKE, JOHN
STREET ADDRESS	PO BOX 1202 NA	6.3 STREET ADDRESS	Rt. 2 Box 173A
CITY-ST-ZIP	CLEWISTON FL	6.4 CITY-ST-ZIP	Clewiston, FL 33440

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Lewis Blount *Lewis S. Blount*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-95 **813-483-5269**

Date

Telephone Number