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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N11075 DOCUMENT #

(1)

THE FIRST UNITED METHODIST CHURCH OF CLEWISTON,

FLORIDA, INC.								
Principal Place	of Business	Mailing Address			1 188/1181 481	 	iik okoki ololi aloli	41811 61814 61811 1881
331 W OSCEO		352 W ARCADE AVE CLEWISTON FL 33440			į			
US					3. Date Incorpora 09/12/19		3a. Date of 02/2	_ast Report 7/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	000		Applied For
1		26			59-1874	002		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt #, etc.			5. Certificate of S	tatus Desired		75 Additional Fee Required
City & State		City & State			6. Election Camp	aign Financing	\$	5.00 May Be
3		28			Trust Fund Cor	-	1 1	dded to Fees
Zip	Country	Zip	_	ountry		n has liability for int		er s. 199.032,
4	25	29	30	· · · · · · · · · · · · · · · · · · ·	Florida Statute 10. Name and Ac		Yes No	
	9. Name and Address of Curre	ent Hegistered Agent		81 Name		Juless Of New Ne	Alareien våen	
DIEMET I	EMBC				Drake, John			
BLUNT, L 518 E. VI				82 Street	Address (P.O. Box Numbe Rt. 2 Box	r is Not Acceptable	? }	
	ON FL 33440			83	Clewiston,	FL 33440		
				84 City	Clewiston		FL 85	Zin Code 33440
44 Dureupat t	o the provisions of Sections 617.050	02 and 617 1508. Florida Statu	tes, the ab	bove-named c	ornoration submits this stat	ement for the purp	ose of changing	its registered office
or register	ed agent, or both, in the State of Flo	orida. Such change was authori	zea by the	e corporation's	s board of directors. I hereb	y accept the appoi	ntment as regis	tered agent. I am
familiar wit	h, and accept the obligations of, Se	ection 617.0503, Florida Statute	s. (- los	all Dass	ke-	41	19/96
								<u> </u>
	Signature, typed or printed name of registered age	ent and title if applicable (N	OT Registere	red Agent Signature	raquired when reinstating.		DATE	
		ent and title if applicable (N ND DIRECTORS	OT Registere	red Agent signature 3.		HANGES TO OFFIC	CERS AND DIR	
12.	OFFICERS A		13	red Agent signature 3. TITLE	C	HANGES TO OFFIC		
	OFFICERS A D LEHMAN, JOHN	ND DIRECTORS	13 11 121	TITLE NAME	C DRAKE, JOHN		CERS AND DIR	
12. TITLE	OFFICERS A D LEHMAN, JOHN 317 E ARCADE AVE	ND DIRECTORS	13 11 121 13:	TITLE NAME STREET ADDRESS	C DRAKE, JOHN		CERS AND DIR	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D LEHMAN, JOHN 317 E ARCADE AVE CLEWISTON FL	ND DIRECTORS ÄDELETÉ	13 11 121 13: 141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRAKE, JOHN RT CLEWISTON,		CERS AND DIRI	ange Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D LEHMAN, JOHN 317 E ARCADE AVE CLEWISTON FL D	ND DIRECTORS	13 11 121 13: 14 21	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRAKE, JOHN RT 2 CLEWISTON, VC	173 <u>Å</u> FL 33440	CERS AND DIR	ange Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LEHMAN, JOHN 317 E ARCADE AVE CLEWISTON FL D BOWLING, HERSCHEL	ND DIRECTORS ÄDELETÉ	13 11 121 13: 14 21 22	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DRAKE, JOHN RT 2 BOX CLEWISTON, VC BLOUNT, LEW	17 ³ 433440	CERS AND DIRI	ange Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LEHMAN, JOHN 317 E ARCADE AVE CLEWISTON FL D BOWLING, HERSCHEL 305 E. AVENIDA DEL RIO	ND DIRECTORS ÄDELETÉ	13 11 12 13: 14 21 22 23	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DRAKE, JOHN RT 2 BOX CLEWISTON, VC BLOUNT, LEW 518 E. VENT	173 <u>4</u> FL 33440 IS URA	CERS AND DIRI	ange Addition
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SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEALER

CR2E037 (12/95)