

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N11075 (1)**
1. Corporation Name
THE FIRST UNITED METHODIST CHURCH OF CLEWISTON, FLORIDA, INC.



Principal Place of Business: **331 W OSCEOLA AVE CLEWISTON FL 33440 US**
Mailing Address: **352 W ARCADE AVE CLEWISTON FL 33440**

3. Date Incorporated or Qualified: **09/12/1985**
3a. Date of Last Report: **02/27/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	6.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
		30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BLUNT, LEWIS 518 E. VENTURA CLEWISTON FL 33440				81	Name	Drake, John	
				82	Street Address (P.O. Box Number is Not Acceptable)	Rt. 2 Box 173A	
				83	City	Clewiston, FL 33440	
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *John W. Drake* DATE: **4/19/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEHMAN, JOHN			1.2 NAME	DRAKE, JOHN		
STREET ADDRESS	317 E ARCADE AVE			1.3 STREET ADDRESS	RT. 2 BOX 173A		
CITY-ST-ZIP	CLEWISTON FL			1.4 CITY-ST-ZIP	CLEWISTON, FL 33440		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	VC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWLING, HERSCHEL			2.2 NAME	BLOUNT, LEWIS		
STREET ADDRESS	305 E. AVENIDA DEL RIO			2.3 STREET ADDRESS	518 E. VENTURA		
CITY-ST-ZIP	CLEWISTON FL			2.4 CITY-ST-ZIP	CLEWISTON, FL 33440		
TITLE	C	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLOUNT, LEWIS			3.2 NAME	CROOKS, VIRGINIA		
STREET ADDRESS	518 E. VENTURA			3.3 STREET ADDRESS	200 W. CIRCLE DRIVE		
CITY-ST-ZIP	CLEWISTON FL			3.4 CITY-ST-ZIP	CLEWISTON, FL 33440		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DRAKE, JOHN			4.2 NAME	KERR, HOWARD		
STREET ADDRESS	RT, 2 BOX 173A			4.3 STREET ADDRESS	822 E. VENTURA		
CITY-ST-ZIP	CLEWISTON FL			4.4 CITY-ST-ZIP	CLEWISTON, FL 33440		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SUTPHIN, CHUCK			5.2 NAME	WHIDDEN, JOHN		
STREET ADDRESS	1000 PONCE DE LEON			5.3 STREET ADDRESS	RT 2 BOX 169		
CITY-ST-ZIP	CLEWISTON FL			5.4 CITY-ST-ZIP	CLEWISTON, FL 33440		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBISON, JANE			6.2 NAME	BOWLING, HERSCHEL		
STREET ADDRESS	PO BOX 1202 NA			6.3 STREET ADDRESS	305 E. AVENIDA DEL RIO		
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: *John W. Drake* DATE: **4/19/96** DAYTIME PHONE #: **941/983-7783**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **John W. Drake**

CR2E037 (12/95)