

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**  
97 JUN 20 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 33440-2802

3. Date Incorporated or Qualified  
**09/12/1985**

3a. Date of Last Report  
**04/24/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**59-1874082**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DRAKE, JOHN  
RT 2, BOX 173A  
CLEWISTON FL 33440**

81 Name

**Walker, Samuel J.**

82 Street Address (P.O. Box Number is Not Acceptable)

**708 Royal Palm**

83

84 City

**Clewiston**

**FL**

85 Zip Code  
**33440**

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

*Samuel J. Walker*

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

(NOTE: Registered Agent signature required when reinstating)

**6/17/97**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C**  DELETE  
NAME **DRAKE, JOHN**  
STREET ADDRESS **RT 2 BOX 173A**  
CITY-ST-ZIP **CLEWISTON FL**

1.1 TITLE **C**  Change  Addition  
1.2 NAME **WALKER, SAMUEL L.**  
1.3 STREET ADDRESS **708 ROYAL PALM AVE.**  
1.4 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **D**  DELETE  
NAME **BOWLING, HERSCHEL**  
STREET ADDRESS **305 E. AVENIDA DEL RIO**  
CITY-ST-ZIP **CLEWISTON FL**

2.1 TITLE **D**  Change  Addition  
2.2 NAME **PEARCE, BOBBY**  
2.3 STREET ADDRESS **TROPICAL MHV LOT 279**  
2.4 CITY-ST-ZIP **CLEWISTON, FL 33440**

TITLE **C**  DELETE  
NAME **BLOUNT, LEWIS**  
STREET ADDRESS **518 E. VENTURA**  
CITY-ST-ZIP **CLEWISTON FL**

3.1 TITLE **D**  Change  Addition  
3.2 NAME **MITCHELL, DANNY**  
3.3 STREET ADDRESS **TROPICAL MHV LOT 158**  
3.4 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **D**  DELETE  
NAME **DRAKE, JOHN**  
STREET ADDRESS **RT, 2 BOX 173A**  
CITY-ST-ZIP **CLEWISTON FL**

4.1 TITLE **D**  Change  Addition  
4.2 NAME **PAPE, CAROLINE**  
4.3 STREET ADDRESS **HWY. 27 W.**  
4.4 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **D**  DELETE  
NAME **WHIDDEN, JOHN**  
STREET ADDRESS **RT 2, BOX 169**  
CITY-ST-ZIP **CLEWISTON FL**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **ROBISON, JANE**  
STREET ADDRESS **PO BOX 1202 NA**  
CITY-ST-ZIP **CLEWISTON FL**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**100002220851-06**  
**-06/24/97--01011--006**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

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

CR2E037 (9/96)