FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N11075

(1)

THE FIRST UNITED METHODIST CHURCH OF CLEWISTON.

FILED Jul 29 1998 8:00am Secretary of State

FLORIDA, INC.							
Principal Place of Business	Malling Address				03011 01011 63611 03011 01011 1001		
331 W OSCEOLA AVE 352 W ARCADE AVE				3. Date Incorporated or Qualified			
CLEWISTON FL \$3440 US	CLEWISTON FL 33440)		09/12/1985			
03				4. FEI Number	Applied For		
				59-1874082	Not Applicable		
2. Principal Place of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State	City & State			7. Is this nonprofit corporation a homeowr	ners association?		
Zip Country	Zíp 29	Cour	try	This corporation owes or has paid the representation Property Tax due June 30.	current year Intangible		
24 25 29 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			Name				
WALKER, SAMUEL J 708 ROYAL PALM CLEWISTON FL 33440			Street Add	Iress (P.O. Box Number is Not Acceptable)			
		[311001 Adu	duless (1.0. Dox Hulliber la Hul Acceptable)			
			33				
			34 City	F			
 Pursuant to the provisions of Section office or registered agent, or both, in agent. I am familiar with, and accept 	is 617.0502 and 617.1508, Florida S the State of Florida. Such change in the obligations of, Section 617.050	itatutes, the ab was authorized 3, Florida Stati	ove-named cor by the corpora tes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered		
SIGNATURE	Walle			7/13/	58		
Eignature, typod or printed name in registered agent and trile if spiplicable. (NOTE: Registered Agent eignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS							
·-· VIII	06.107110 07.1001010			1.221.101.0,2.1.11020 10 01110211071	110 DATE OF CATO 114 12		

agont. Faith talking amin, and account necessary as of, socion on 1,000, in blood statutes.									
SIGNATURE .	Dame & Walls	required when reinstating) OATE	8						
12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	C	E DELETE	13.	D	Change	X Addition			
NAME	DRAKE, JOHN	La percit	1.2 NAME	CROOKS, VIRGINIA		CED FIGURES			
STREET ADDRESS	RT 2 BOX 173A			200 W. CIRCLE DRIVE					
			1.3 STREET ADDRESS	CLEWISTON FL 33440					
CITY-ST-ZIP TITLE	CLEWISTON FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change	Addition			
I 1	D DOMENIA MEDAGUEI	□ pereit		D	Litarius	(\$1 Montion			
NAME	BOWLING, HERSCHEL		2.2 NAME	KERR, HOWARD					
STREET ADDRESS	305 E. AVENIDA DEL RIO		2.3 STREET ADDRESS	822 E. VENTURA					
CITY-ST-ZIP	CLEWISTON FL		2.4 CITY - ST - ZIP	CLEWISTON FL 33440					
TITLE	C	₩ DEL E TE	3.1 TITLE	D	Change	Addition			
NAME	BLOUNT, LEWIS		3.2 NAME	DAVIDSON, WAYNE					
STREET ADDRESS	518 E. VENTURA		3.3 STREET ADDRESS	808 BATBERRY LOOP					
CITY-ST-ZIP	CLEWISTON FL		3.4. CITY-ST-ZIP	CLEWISTON FL 33440					
TITLE	C	DELETE	4.1 TITLE	D	Change	Addition			
NAME	WALKER, SAMUEL L		4. 2 NAME	PAPE, CAROLINE					
STREET ADDRESS	708 ROYAL PALM AVE.		4.3 STREET ADDRESS	W HWY 27 P.O. BOX 485					
CITY-ST-ZIP	CLEWISTON FL 33440		4.4 CITY - ST - ZIP	CLEWISTON. FL 33440					
TITLE	D	X DELETE	5.1 TITLE	D	Change	X Addition			
NAME	PEARCE, BOBBY		5.2 NAME	CAUSSEAU, SHIRLEY					
STREET ADDRESS	TROPICAL MHV LOT 279		5.3 STREET ADDRESS	321 W. HAITI					
CITY-ST-ZIP	CLEWISTON FL 33440		5.4 CITY-ST-ZIP	CLEWISTON FL 33440					
TITLE	0	☐ DELETE	6.1 TITLE	D	Change	* Addition			
NAME	MITCHELL, DANNY		6.2 NAME	STITT, JOHN		•			
STREET ADDRESS	TROPICAL MHV LOT 158		6.3 STREET ADDRESS	W. HWY. 27 RT.2 BOX 170					
CITY-ST-ZIP	CLEWISTON FL 33440		6.4 CITY-ST-ZIP	CLEWISTON FL 33440					

CITY-ST-ZIP 33440 14. I 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.

SIGNATURE:

7/13/98