

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90018 009 ****61.25

0044422

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N11075

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

09/12/1985

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

9. Name and Address of Current Registered Agent

WALKER, SAMUEL J
 708 ROYAL PALM
 CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 Joseph Walker

6/6/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROOKS, VIRGINIA	
STREET ADDRESS	200 W CIRCLE DR	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOWLING, HERSCHEL	
STREET ADDRESS	305 E. AVENIDA DEL RIO	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, WAYNE	
STREET ADDRESS	808 BATBERRY LOOP	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	C	<input type="checkbox"/> DELETE
NAME	WALKER, SAMUEL L	
STREET ADDRESS	708 ROYAL PALM AVE.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAUSSEAU, SHIRLEY	
STREET ADDRESS	321 W HAITI	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, DANNY	
STREET ADDRESS	TROPICAL MHV LOT 158	
CITY-ST-ZIP	CLEWISTON FL 33440	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN STITT	
1.3 STREET ADDRESS	RT. 2 BOX 170	
1.4 CITY-ST-ZIP	CLEWISTON FL 33440	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GARY WILSON	
2.3 STREET ADDRESS	1014 PONCE DeLEON	
2.4 CITY-ST-ZIP	CLEWISTON FL 33440	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EARNEST RAWLS	
3.3 STREET ADDRESS	202 RIDGEWOOD	
3.4 CITY-ST-ZIP	CLEWISTON FL 33440	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT PROPES	
4.3 STREET ADDRESS	704 SEMINOLE AVE BOX 19	
4.4 CITY-ST-ZIP	CLEWISTON FL 33440	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVE PELTAN	
5.3 STREET ADDRESS	213 RIDGEWOOD	
5.4 CITY-ST-ZIP	CLEWISTON FL 33440	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BOBBY PEARCE	
6.3 STREET ADDRESS	LOT 275 TROPICAL MOBILE HOME PARK	
6.4 CITY-ST-ZIP	CLEWISTON FL 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, with all other like empowered.

SIGNATURE:

Samuel Joseph Walker

6/6/99

941 210 5463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)