

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90010 018 ****61.25

DOCUMENT # N11075

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF CLEWISTON,

Principal Place of Business

Mailing Address

331 W OSCEOLA AVE
 CLEWISTON FL 33440
 US

352 W ARCADE AVE
 CLEWISTON FL 33440-2802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1874082

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, SAMUEL J
708 ROYAL PALM
CLEWISTON FL 33440

Name **John Drake**

Street Address (P.O. Box Number is Not Acceptable)
Rt. 2 box 173

City **Clewiston**

FL

Zip Code **33440**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

John W. Drake

May 25, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	STITT, JOHN	
STREET ADDRESS	RT 2 BOX 170	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, GARY	
STREET ADDRESS	1014 PONCE DE LEON	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAWLS, ERNEST	
STREET ADDRESS	202 RIDGEWOOD	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	WALKER, SAMUEL L	
STREET ADDRESS	708 ROYAL PALM AVE.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input checked="" 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	

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAKE, JOHN	
STREET ADDRESS	RT 2 BOX 173	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELTAN, DAVID	
STREET ADDRESS	213 RIDGEWOOD	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John W. Drake
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 25, 2000

Date

863/983-7783

Daytime Phone #

CR2E037 (9/99)