

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90285 050 \*\*\*\*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**

**913301**



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

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 NAME	STREET ADDRESS CITY-ST-ZIP	DELETE	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	CHANGE	ADDITION
D STITT, JOHN	RT 2 BOX-170 CLEWISTON FL 33440	<input checked="" type="checkbox"/>	D JONES, FRANK	243 W. Del. Monte CLEWISTON FL 3340	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D WILSON, GARY	1014 PONCE DE LEON CLEWISTON FL 33440	<input checked="" type="checkbox"/>	D BURKE, TIM	211 SUGARLAND CIRCLE CLEWISTON FL 33440	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D RAWLS, ERNEST	202 RIDGEWOOD CLEWISTON FL 33440	<input checked="" type="checkbox"/>	D HAMMOCK, ARDIS	P.O. Box 1928 CLEWISTON FL 33440	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C WALKER, SAMUEL L	708 ROYAL PALM AVE. CLEWISTON FL 33440	<input checked="" type="checkbox"/>	D PELTAN, DAVE	213 Ridgewood CLEWISTON FL 33440	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D CAUSSEAU, SHIRLEY	321 W HAITI CLEWISTON FL 33440	<input checked="" type="checkbox"/>	D PEARCE, BOBBY	P.O. Box 1-26 CLEWISTON FL 33440	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D MITCHELL, DANNY	TROPICAL MHV LOT 158 CLEWISTON FL 33440	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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 Drake*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)