

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90259 021 ****61.25

DOCUMENT # N11075

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1874082

Applied For

Not Applicable

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~~

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	D	<input type="checkbox"/> Delete
NAME	JONES, FRANK	
STREET ADDRESS	243 W DEL MONTE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, TIM	
STREET ADDRESS	211 SUGARLAND CIRCLE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOCK, ARDIS	
STREET ADDRESS	PO BOX 1928	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	PELTAN, DAVE	
STREET ADDRESS	213 RIDGEWOOD	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEARCE, BOBBY	
STREET ADDRESS	PO BOX 1-26	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEACOCK, CAROLE	
STREET ADDRESS	1013 PONCE DE LEAN	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAZERE, KENNETH	
STREET ADDRESS	815 CARIBBEAN AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, GARY	
STREET ADDRESS	613 SABAL AVE.	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, SAMUEL	
STREET ADDRESS	708 ROYAL PALM AVE.	
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 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 Drake JOHN DRAKE

April 14, 2002

863/983-5269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)