

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11075

FILED
Aug 27, 2007
Secretary of State

Entity Name: THE FIRST UNITED METHODIST CHURCH OF CLEWISTON, FLORIDA, INC.

Current Principal Place of Business:

331 W OSCEOLA AVE
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

352 W ARCADE AVE
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 59-1874082 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DRAKE, JOHN
5739 W US HWY 27
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEITZ, MARK
Address: 220 E. ARCADE AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: BURKE, TIM
Address: 211 SUGARLAND CIRCLE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: HAMMOCK, ARDIS
Address: PO BOX 1928
City-St-Zip: CLEWISTON, FL 33440

Title: C () Delete
Name: DRAKE, JOHN
Address: 5739 W. US HWY. 27
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: PEACOCK, CAROLE
Address: 1013 PONCE DE LEAN
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: KENNETH, LAZERE
Address: 815 CARIBBEAN AVE.
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. HICKS

Electronic Signature of Signing Officer or Director

REV.

08/27/2007

_____ Date