

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11075

FILED  
Apr 14, 2009  
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 ( )**

**Name and Address of Current Registered Agent:**

HICKS, JOHN C  
352 W. ARCADE AVE.  
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: HICKS, JOHN  
Address: 350 W. CIRCLE DR.  
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: PERRY, THOMAS  
Address: 1840 BAKER HWY.  
City-St-Zip: MOORE HAVEN, FL 33471

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  
Name:  
Address:  
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

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date