

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11075

FILED
Mar 20, 2012
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
Name: DEITZ, MARK
Address: 220 E. ARCADE AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: D
Name: HICKS, JOHN
Address: 350 W. CIRCLE DR.
City-St-Zip: CLEWISTON, FL 33440

Title: D
Name: HAMMOCK, ALAN
Address: PO BOX 1928
City-St-Zip: CLEWISTON, FL 33440

Title: D
Name: WELLSLAGER, JOHN
Address: 220 E. ARCADE AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: D
Name: PERRY, THOMAS
Address: 1840 BAKER HWY.
City-St-Zip: MOORE HAVEN, FL 33471

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN C. HICKS

D

03/20/2012

Electronic Signature of Signing Officer or Director

Date