FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:18

DOCUMENT # N15034 (4)

1. Corporation Name
FIRST BAPTIST CHURCH OF CLEWISTON, FLORIDA, INC.

Principal Place of Business	Mailing Address
102 CENTRAL AND VENTURA AVENUE CLEWISTON FL 33440	102 CENTRAL AND VENTURA AVENUE CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1986
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1059910 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ADAMS, W. R.
TROPICAL MHV, LOT 137
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number Is Not Acceptable)
93
94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
			☒ Change	☐ Addition
TITLE	PD	1.1 TITLE	PD	
NAME	ROBERT STACY	1.2 NAME	Jerry Grace	
STREET ADDRESS	604 E. AVENDADEL RIO	1.3 STREET ADDRESS	309 E. Del Monte	
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	Clewiston, FL 33440	
			☐ Change	☒ Addition
TITLE	VD	2.1 TITLE	VD	
NAME	JERRY GRACE	2.2 NAME	Andy Lee	
STREET ADDRESS	309 E. DEL MONTE	2.3 STREET ADDRESS	P.O. Box 2106 N/A	
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	~~Clewiston, FL 33440~~	
			☐ Change	☐ Addition
TITLE	SD	3.1 TITLE		
NAME	LARRY WORTH	3.2 NAME		
STREET ADDRESS	RT.2 BOX 160-B HWY 27	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP		
			☐ Change	☐ Addition
TITLE	F	4.1 TITLE		
NAME	JOHN PERRY, SR.	4.2 NAME		
STREET ADDRESS	715 LAUREL ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP		
			☐ Change	☐ Addition
TITLE	T	5.1 TITLE		
NAME	W.R. ADAMS	5.2 NAME		
STREET ADDRESS	TROPICAL MHV LOT 137	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP		
			☐ Change	☐ Addition
TITLE		6.1 TITLE		
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
			☐ Change	☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. R. Adams W.R. Adams 1/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0049087