

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N15034** (4)
1. Corporation Name
FIRST BAPTIST CHURCH OF CLEWISTON, FLORIDA, INC.



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

3. Date Incorporated or Qualified: **05/21/1986**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **59-1059910**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
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. 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**
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: GRACE, JERRY	1.1 TITLE: PD	1.1 NAME: Andy Lee
STREET ADDRESS: 309 E DEL MONTE CLEWISTON FL	<input checked="" type="checkbox"/> DELETE	1.2 STREET ADDRESS: 303 W. Ventura Ave	1.2 NAME: Charles Roberts
CITY-ST-ZIP: CLEWISTON FL		1.3 CITY-ST-ZIP: Clewiston, FL 33440	1.3 NAME: Clewiston, FL 33440
TITLE: VD	NAME: JERRY GRACE	2.1 TITLE: VD	2.1 NAME: Charles Roberts
STREET ADDRESS: 309 E. DEL MONTE CLEWISTON FL	<input checked="" type="checkbox"/> DELETE	2.2 STREET ADDRESS: 413 E. Pasadena	2.2 NAME: Clewiston, FL 33440
CITY-ST-ZIP: CLEWISTON FL		2.3 CITY-ST-ZIP: Clewiston, FL 33440	2.3 NAME: Clewiston, FL 33440
TITLE: SD	NAME: LARRY WORTH	3.1 TITLE: Change	3.1 NAME: Addition
STREET ADDRESS: RT.2 BOX 180-B HWY 27 CLEWISTON FL	<input type="checkbox"/> DELETE	3.2 STREET ADDRESS: Change	3.2 NAME: Addition
CITY-ST-ZIP: CLEWISTON FL		3.3 CITY-ST-ZIP: Change	3.3 NAME: Addition
TITLE: F	NAME: JOHN PERRY, SR.	4.1 TITLE: Change	4.1 NAME: Addition
STREET ADDRESS: 715 LAUREL ST. CLEWISTON FL	<input type="checkbox"/> DELETE	4.2 STREET ADDRESS: Change	4.2 NAME: Addition
CITY-ST-ZIP: CLEWISTON FL		4.3 CITY-ST-ZIP: Change	4.3 NAME: Addition
TITLE: T	NAME: W.R. ADAMS	5.1 TITLE: Change	5.1 NAME: Addition
STREET ADDRESS: TROPICAL MHV LOT 137 CLEWISTON FL	<input type="checkbox"/> DELETE	5.2 STREET ADDRESS: Change	5.2 NAME: Addition
CITY-ST-ZIP: CLEWISTON FL		5.3 CITY-ST-ZIP: Change	5.3 NAME: Addition
TITLE: VD	NAME: LEE, ANDY	6.1 TITLE: Change	6.1 NAME: Addition
STREET ADDRESS: P O BOX 2106 N/A CLEWISTON FL	<input checked="" type="checkbox"/> DELETE	6.2 STREET ADDRESS: Change	6.2 NAME: Addition
CITY-ST-ZIP: CLEWISTON FL		6.3 CITY-ST-ZIP: Change	6.3 NAME: 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)(k), 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: **X W.R. Adams** /W.R. Adams 2-14-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)