

FILE NOW: FILING FEE IS \$61.25

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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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

3. Date Incorporated or Qualified 05/21/1986 3a. Date of Last Report 02/21/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt #, etc. Suite, Apt #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 29 30

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ANDY	1.2 NAME	Roberts, Charles
STREET ADDRESS	303 WEST VENTURA AVENUE	1.3 STREET ADDRESS	413 E. Pasadena
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, CHARLES	2.2 NAME	Larry Worth
STREET ADDRESS	413 EAST PASADENA	2.3 STREET ADDRESS	Rt. 2 Box 160-B Hwy 27
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY WORTH	3.2 NAME	Frank Doyle
STREET ADDRESS	RT.2 BOX 160-B HWY 27	3.3 STREET ADDRESS	215 Via Dal Aqua
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	F <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	800002068758
STREET ADDRESS		6.3 STREET ADDRESS	-01/27/97--01007--033
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

14. I do hereby certify that the information supplied with this filing 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* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/15/97 Daytime Phone # 0078852

CR2E037 (9/96)