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FILED
Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/21/1986	
4. FEI Number 59-1059910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
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

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

TITLE PD	NAME ROBERTS, CHARLES	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 431 PASADENA	CITY-ST-ZIP CLEWISTON FL 33440	
TITLE VD	NAME LARRY WORTH	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS RT.2 BOX 160-B HWY 27	CITY-ST-ZIP CLEWISTON FL 33440	
TITLE F	NAME JOHN PERRY, SR.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 715 LAUREL ST.	CITY-ST-ZIP CLEWISTON FL	
TITLE T	NAME W.R. ADAMS	<input type="checkbox"/> DELETE
STREET ADDRESS TROPICAL MHV LOT 137	CITY-ST-ZIP CLEWISTON FL	
TITLE SD	NAME DOWDLE, FRANK	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 215 VIA DEL AQUA	CITY-ST-ZIP CLEWISTON FL 33440	
TITLE W. R.	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	1.2 NAME Larry Worth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS Rt. 2 Box 160-B Hwy. 27	1.4 CITY-ST-ZIP Clewiston FL 33440	
2.1 TITLE VD	2.2 NAME Jody Hendry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS 202 Cypress Ave	2.4 CITY-ST-ZIP Clewiston FL 33440	
3.1 TITLE Finance Chairman	3.2 NAME Ellen Wine	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS P O Box 935	3.4 CITY-ST-ZIP Clewiston, FL 33440	
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE SD	5.2 NAME Glen Pridden	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.3 STREET ADDRESS 114 W. Arcade	5.4 CITY-ST-ZIP Clewiston FL 33440	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

14. I 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*

CFR2037 (10/97)