

FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90189 045 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N15034

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/21/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1059910	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Zip		
	Country		Country		
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New 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	FL	85

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 *W. R. Adams* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTH, LARRY	1.2 NAME	Jody Hendry
STREET ADDRESS	RT 2 BOX 160-B HWY 27	1.3 STREET ADDRESS	202 Cypress Ave.
CITY-ST-ZIP	CLEWISTON FL 33440	1.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRY, JODY	2.2 NAME	Buddy Culberson
STREET ADDRESS	202 CYPRESS AVE	2.3 STREET ADDRESS	204 Desoto Avenue
CITY-ST-ZIP	CLEWISTON FL 33440	2.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	F <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINE, ELLEN	3.2 NAME	
STREET ADDRESS	P.O. BOX 935	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W.R. ADAMS	4.2 NAME	
STREET ADDRESS	TROPICAL MHV LOT 137	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDGEN, GLEN	5.2 NAME	
STREET ADDRESS	114 W ARCADE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *W. R. Adams* **REQUIRE**

CR2E037 (11/98)