

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90015 004 ****61.25

DOCUMENT # N15034

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1059910

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **HENDRY, JODY**
 STREET ADDRESS **202 CYPRESS AVE**
 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **PD** Change Addition
 NAME **Buddy Culberson**
 STREET ADDRESS **204 Desoto Avenue**
 CITY-ST-ZIP **Clewiston, FL 33440**

TITLE **VD** Delete
 NAME **CULBERSON, BUDDY**
 STREET ADDRESS **204 DESOTO AVENUE**
 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **VD** Change Addition
 NAME **Andy Rackley**
 STREET ADDRESS **8970 SR 80**
 CITY-ST-ZIP **Moore Haven, FL 33471**

TITLE **F** Delete
 NAME **WINE, ELLEN**
 STREET ADDRESS **P.O. BOX 935**
 CITY-ST-ZIP **CLEWISTON FL**

TITLE **W.R. Adams** Change Addition
 NAME **W.R. Adams**
 STREET ADDRESS **Tropical MHV Lot 137**
 CITY-ST-ZIP **Clewiston, FL**

TITLE **T** Delete
 NAME **W.R. ADAMS**
 STREET ADDRESS **TROPICAL MHV LOT 137**
 CITY-ST-ZIP **CLEWISTON FL**

TITLE **Treasurer** Change Addition
 NAME **W.R. Adams**
 STREET ADDRESS **Tropical MHV Lot 137**
 CITY-ST-ZIP **Clewiston, FL**

TITLE **SD** Delete
 NAME **PRIDGEN, GLEN**
 STREET ADDRESS **114 W ARCADE**
 CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **SO** Change Addition
 NAME **Frank Dawdle**
 STREET ADDRESS **215 Via Del Aqua**
 CITY-ST-ZIP **Clewiston, FL 33440**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

W.R. Adams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)