

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90249 048 ****61.25

DOCUMENT # N15034 1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRIDGEN, GLEN 102 E. VENTURA AVENUE CLEWISTON, FL 33440				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	PRIDGEN, GLEN		NAME	Robert Culberson	
STREET ADDRESS	102 E. VENTURA AVENUE		STREET ADDRESS	102 E Ventura Ave	
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	VD	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	DAVIS, LEE		NAME	Don Gutschall	
STREET ADDRESS	707 HOOVER DIKE ROAD APT. 702		STREET ADDRESS	102 E. Ventura Ave	
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PHELPS, RICHARD		NAME		
STREET ADDRESS	327 AVENIDA DEL RIO		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DOWDLE, FRANK		NAME		
STREET ADDRESS	215 VIA DEL AQUA		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Robert W Culberson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-29-08 863-983-5555 Date Daytime Phone #		