

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 14, 2008 8:00 am
Secretary of State

08-14-2008 90001 039 ****61.25

DOCUMENT # N94000001183

1. Entity Name

FAITH LUTHERAN CHURCH OF CLEWISTON, INC.



Principal Place of Business

810 CEDAR ST
CLEWISTON FL 33440

Mailing Address

P.O. BOX 338
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

2nd MOORE

CR2E037 (4/08)

4. FEI Number

65-0155169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUSS, JOHANNA
300 SAGINAW AVE
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. 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

FILE NOW: FEE IS \$61.25
Due By September 3, 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

TITLE D ☐ Delete
NAME DIERKS, RONALD
STREET ADDRESS 320 DESOTO AVE.
CITY-ST-ZIP CLEWISTON FL

TITLE T ☐ Delete
NAME HUSS, JOHANNA
STREET ADDRESS 300 SAGINAW AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE S ☐ Delete
NAME DAVIS, LINDA
STREET ADDRESS 100 E AZTEK AVE APT 2
CITY-ST-ZIP CLEWISTON FL 33440

TITLE VP ☐ Delete
NAME MUNTER, ERNEST JR
STREET ADDRESS PO BOX 38
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ Delete
NAME LENZ, JOHN
STREET ADDRESS 36 AZALEA AVE.
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE P ☒ Delete
NAME GAST, KEVIN
STREET ADDRESS 531 E OSCEOLA AVE
CITY-ST-ZIP CLEWISTON FL 33440

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Jack D. WEBB
STREET ADDRESS 219 Ridgewood Av
CITY-ST-ZIP Clewiston, FL 33440

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: JOHANNA HUSS *Johanna Huss*

8-10-08 863-983-6975