

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11075

**FILED**  
**Apr 11, 2019**  
**Secretary of State**  
**5750519176CC**

**Entity Name:** THE FIRST UNITED METHODIST CHURCH OF CLEWISTON,  
FLORIDA, INC.

**Current Principal Place of Business:**

331 W OSCEOLA AVE  
CLEWISTON, FL 33440

**Current Mailing Address:**

352 W ARCADE AVE  
CLEWISTON, FL 33440

**FEI Number: 59-1874082**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SMITH, JEFFREY S  
352 W. ARCADE AVE.  
CLEWISTON, FL 33440 US

*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: JEFFREY S. SMITH**

**04/11/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name JONES, SCOTT  
Address 243 W. DEL MONTE  
City-State-Zip: CLEWISTON FL 33440

Title PASTOR  
Name SMITH, JEFFREY S  
Address 350 W CIRCLE DRIVE  
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR  
Name WILLIAMS, RAYMOND D  
Address 410 E OSCEOLA AVENUE  
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR  
Name PEARCE, ROBERT  
Address 547 E SAGAMORE AVE  
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR  
Name SWEET, LEE  
Address 3832 W US HIGHWAY 27  
P O BOX 2314  
City-State-Zip: CLEWISTON FL 33440

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JEFFREY SMITH, PASTOR**

**PASTOR**

**04/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date