

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11075

FILED
Feb 19, 2014
Secretary of State
CC2325395590

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:

HICKS, JOHN C
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name DEITZ, MARK
Address 220 E. ARCADE AVE.
City-State-Zip: CLEWISTON FL 33440

Title D
Name HICKS, JOHN
Address 350 W. CIRCLE DR.
City-State-Zip: CLEWISTON FL 33440

Title D
Name HAMMOCK, ALAN
Address PO BOX 1928
City-State-Zip: CLEWISTON FL 33440

Title D
Name WELLSLAGER, JOHN
Address 220 E. ARCADE AVE.
City-State-Zip: CLEWISTON FL 33440

Title D
Name PERRY, THOMAS
Address 1840 BAKER HWY.
City-State-Zip: MOORE HAVEN FL 33471

Title D
Name PEARCE, ROBERT
Address P.O. BOX 1026
1502 JOSHUA BLVD.
City-State-Zip: CLEWISTON FL 33440

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

Title TREASURER
Name THOMAS, MITCHELL
Address 714 GUAVA STREET
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: JOHN C. HICKS

DIRECTOR

02/19/2014

Electronic Signature of Signing Officer/Director Detail

Date