## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11075

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 03/10/2016

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **DIRECTOR** Title **PASTOR** 

Name JONES, SCOTT Name SMITH, JEFFREY S Address 243 W. DEL MONTE Address 350 W CIRCLE DRIVE City-State-Zip: CLEWISTON FL 33440 City-State-Zip: CLEWISTON FL 33440

Title **DIRECTOR** Title **DIRECTOR** Name PERRY, THOMAS Name AKER, NINETTE

Address 1840 BAKER HIGHWAY Address 609 BOWDEN ROAD

PO BOX 145 City-State-Zip: CLEWISTON FL 33440

Title **DIRECTOR** BELCHER, TARA

CLEWISTON FL 33440-0145

Address 533 CR 720

City-State-Zip:

Name

CLEWISTON FL 33440 City-State-Zip:

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 S. SMITH, PASTOR

**PASTOR** 

03/10/2016

**FILED** Mar 10, 2016

**Secretary of State** 

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