

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:45

DOCUMENT # N41914 (5)

1. Corporation Name

CLERMONT FIRST BAPTIST WEE CENTER, INC.

Principal Place of Business

Mailing Address

498 MONTROSE ST.
CLERMONT FL 34711

P O BOX 121151
CLERMONT FL 34711
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **01/22/1991** 3a. Date of Last Report **03/30/1994**

4. FEI Number **59-3049182** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGLEY, RICHARD H.
700 ALMOND ST
CLERMONT FL 34711**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	CALDWELL, MARION ANN
STREET ADDRESS	POB 121025
CITY-ST-ZIP	CLERMONT FL
TITLE	SD
NAME	SMITH, LUCILLE A.
STREET ADDRESS	13104 PLUM LAKE DR
CITY-ST-ZIP	CLERMONT FL
TITLE	PD
NAME	JUDY-STROSHEIN, SHELLEY
STREET ADDRESS	241 RIDGECREST LOOP
CITY-ST-ZIP	MINNEOLA FL
TITLE	TD
NAME	LEDDON, DOROTHY
STREET ADDRESS	1236 LAKEVIEW DR
CITY-ST-ZIP	CLERMONT FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delete	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Habermehl, Ralph	
5.3 STREET ADDRESS	661 Prince Edward Ave	
5.4 CITY-ST-ZIP	Clermont, FL 34711	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Blackburn, Sandra	
6.3 STREET ADDRESS	5836 Marvin's Place	
6.4 CITY-ST-ZIP	Groveland FL 34736	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ralph Habermehl **RALPH HABERMEHL**

4-7-95

904-394-2259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

N41914

CLERMONT FIRST BAPTIST WEE CENTER
498 MONTROSE STREET
P.O. BOX 121151
CLERMONT, FL 34712-1151

Addition

Title: TD
Name: Bryant, James A. Jr.
Street Address: 11944 Burton St.
City, St, Zip: Clermont, FL 34711