

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N41914** (5)
1. Corporation Name
CLERMONT FIRST BAPTIST WEE CENTER, INC.



Principal Place of Business: **498 MONTROSE ST. CLERMONT FL 34711**
Mailing Address: **P O BOX 121151 CLERMONT FL 34711 US**

3. Date Incorporated or Qualified: **01/22/1991**
3a. Date of Last Report: **04/14/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-3049182	Applied For			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required			
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees			
24	Zip	25	Country	29	34712-1151	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, MARION ANN	1.2 NAME	
STREET ADDRESS	POB 121025	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LUCILLE A.	2.2 NAME	
STREET ADDRESS	13104 PLUM LAKE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABERMEHL, RALPH	3.2 NAME	
STREET ADDRESS	661 PRINCE EDWARD AVE.	3.3 STREET ADDRESS	808 High Point Circle
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP	Clermont FL 34711
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDDON, DOROTHY	4.2 NAME	
STREET ADDRESS	1236 LAKEVIEW DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, SANDRA	5.2 NAME	
STREET ADDRESS	5836 MARVIN'S PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	T Bryant, James
STREET ADDRESS		6.3 STREET ADDRESS	11944 Burton St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Clermont, FL 34711

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 119.07(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** **3-5-96** **394-3063**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)