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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34712-1151 US
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3. Date Incorporated or Qualified 01/22/1991	3a. Date of Last Report 03/13/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-3049182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
FL 85. Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALDWELL, MARION ANN	1.2 NAME	Caldwell, marion Ann
STREET ADDRESS	POB 121025	1.3 STREET ADDRESS	PO Box 121025
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	Clermont FL 34712
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LUCILLE A.	2.2 NAME	Smith, Lucille A.
STREET ADDRESS	13104 PLUM LAKE DR	2.3 STREET ADDRESS	8921 Village Green Blvd.
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	Clermont FL 34711
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABERMEHL, RALPH	3.2 NAME	Habermehl, Ralph
STREET ADDRESS	808 HIGHPOINT CIRCLE	3.3 STREET ADDRESS	808 High Pointe Circle
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP	Clermont FL 34711
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDDON, DOROTHY	4.2 NAME	Leddon, Dorothy
STREET ADDRESS	1236 LAKEVIEW DR	4.3 STREET ADDRESS	1236 Lakeview Dr
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	Clermont FL 34711
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, SANDRA	5.2 NAME	Blackburn, Sandra
STREET ADDRESS	5836 MARVIN'S PLACE	5.3 STREET ADDRESS	5836 marvin's Place
CITY-ST-ZIP	GROVELAND FL	5.4 CITY-ST-ZIP	Groveland FL 34736
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, JAMES	6.2 NAME	
STREET ADDRESS	11844 BURTON STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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) TREASURER 4/3/97 (352) 394-2259

CR2E037 (9/96)

Clermont First Baptist W.E.E. Center, Inc.
PO Box 121151
Clermont, FL 34712-1151

April 14, 1997

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs,

Please add the following person to our list of directors,

S
Marilyn Morrison
840 High Pointe Circle
Clermont, FL 34711

Sincerely,

A handwritten signature in cursive script that reads "Ralph Habermehl".

Ralph Habermehl
Treasurer