

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 496 MONTROSE ST. CLERMONT FL 34711
Mailing Address: P O BOX 121151 CLERMONT FL 34712-1151 US

3. Date Incorporated or Qualified: 01/22/1991
4. FEI Number: 59-3049182
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? Yes No (checked)
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No (checked)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CALDWELL, MARION ANN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POB 121025 CLERMONT FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	#28 The Oaks Condominium 608 S. main Ave. Minneola FL 34755
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SMITH, LUCILLE A.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13104 PLUM LAKE DR CLERMONT FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HABERMEHL, RALPH	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	808 HIGHPOINT CIRCLE CLERMONT FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LEDDON, DOROTHY	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1236 LAKEVIEW DR CLERMONT FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD BLACKBURN, SANDRA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5836 MARVIN'S PLACE GROVELAND FL	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* Treasurer 4-8-98 (352) 294-2259

CR2E037 (10/97)