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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N41914

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/22/1991

4. FEI Number

59-3049182

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
NAME CALDWELL, MARION ANN  
STREET ADDRESS POB 121025  
CITY-ST-ZIP CLERMONT FL

TITLE D  DELETE  
NAME SMITH, LUCILLE A.  
STREET ADDRESS 13104 PLUM LAKE DR  
CITY-ST-ZIP CLERMONT FL

TITLE TD  DELETE  
NAME HABERMEHL, RALPH  
STREET ADDRESS 808 HIGHPOINT CIRCLE  
CITY-ST-ZIP CLERMONT FL

TITLE SD  DELETE  
NAME LEDDON, DOROTHY  
STREET ADDRESS 1236 LAKEVIEW DR  
CITY-ST-ZIP CLERMONT FL

TITLE VD  DELETE  
NAME BLACKBURN, SANDRA  
STREET ADDRESS 5836 MARVIN'S PLACE  
CITY-ST-ZIP GROVELAND FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Katherine Harris*  
KATHERINE HARRIS

Date

Daytime Phone #

2-19-99 (352) 394-2259

CR2E037 (1/98)