

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2007  
Secretary of State**

DOCUMENT# N41914

Entity Name: CLERMONT FIRST BAPTIST WEE CENTER, INC.

**Current Principal Place of Business:**

498 MONTROSE ST.  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 121151  
CLERMONT, FL 347121151 US

**New Mailing Address:**

FEI Number: 59-3049182      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: BLACKBURN, JEANETTE  
Address: 5836 MARVINS PLACE  
City-St-Zip: GROVELAND, FL 34736

Title: CC      ( ) Delete  
Name: BLACKBURN, SANDRA  
Address: 5836 MARVINS PLACE  
City-St-Zip: GROVELAND, FL 34736

Title: CC      ( ) Delete  
Name: WILKINS, TOM  
Address: 10925 VERSAILLES BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: S      ( ) Delete  
Name: PEACE, LAURA  
Address: 1302 WINDY BLUFF DR  
City-St-Zip: CLERMONT, FL 34711

Title: T      ( ) Delete  
Name: DICKSON, KRYS  
Address: 1875 SETTLE ST  
City-St-Zip: CLERMONT, FL 34711

Title: D      ( ) Delete  
Name: KUYKENDALL, BECKY  
Address: 1533 SARUS AVE  
City-St-Zip: GROVELAND, FL 34736

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BECKY KUYKENDALL

D

04/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date