

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41914

FILED
Jan 20, 2009
Secretary of State

Entity Name: CLERMONT FIRST BAPTIST WEE CENTER, INC.

Current Principal Place of Business:

498 MONTROSE ST.
CLERMONT, FL 34711

New Principal Place of Business:

498 W. MONTROSE ST.
CLERMONT, FL 34711

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:

CALDWELL, ROY
608 S, MAIN AVE
APT. 28
MINNEOLA, FL 34715 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: PEARCE, 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
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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 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

MRS.

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date