

FILE NOW: FILING FEE AFTER MAY 1st \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -4 PH 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000316 (9)

1. Corporation Name

CLERMONT BIBLE CHURCH, INC.

Principal Place of Business
**1005 AUTUMN LEAF DR.
WINTER GARDEN FL 34787**

Mailing Address
**P.O. BOX 121281
CLERMONT FL 34712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/20/1994

3a. Date of Last Report

4. FEI Number
59-3154798

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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

**WRIGHT, LYNN W
886 S. DILLARD ST.
WINTER GARDEN FL 34777**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	WALKER, EVA A
NAME	414 S. LAKEVIEW AVE.
STREET ADDRESS	WINTER GARDEN FL 34787
CITY - ST - ZIP	
TITLE	S
NAME	JOHNSON, JANE
STREET ADDRESS	2720 EMPIRE CHURCH RD.
CITY - ST - ZIP	GROVELAND FL 34736
TITLE	P
NAME	BEKEMEYER, JON D
STREET ADDRESS	1005 AUTUMN LEAF DR.
CITY - ST - ZIP	WINTER GARDEN FL 34787
TITLE	D
NAME	DeLoach, Dan
STREET ADDRESS	29208 E. Old Mill Road
CITY - ST - ZIP	Jayvies, FL 32778
TITLE	D
NAME	Hall, Vincent
STREET ADDRESS	20417 S. Buckhill Road
CITY - ST - ZIP	Clermont, FL 34711
TITLE	D
NAME	Johnson, Avid
STREET ADDRESS	2720 Empire Church Road
CITY - ST - ZIP	Groveland, FL 34736

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Walker, G.R.	
1.3 STREET ADDRESS	414 S. Lakeview Avenue	
1.4 CITY - ST - ZIP	Winter Garden, FL 34787	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Jon D. Bekemeyer Jon D. Bekemeyer 1-15-95 (407)656-2863