

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90061 046 ****61.25

DOCUMENT # N94000000316

1. Entity 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 34712-1281

2. Principal Place of Business

664 W. Montrose Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

4. FEI Number

59-3154798

Applied For

Not Applicable

Zip

34711

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WRIGHT, LYNN W
2716 REW CIRCLE
SUITE 102
OCOOE FL 34761

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	WALKER, EVA A	608 S. MAIN ST #21	CLERMONT FL 34711	<input type="checkbox"/>
S	JOHNSON, JANE	435 SHELDON PL	CLERMONT FL 34711	<input type="checkbox"/>
P	BEKEMEYER, JON D	1005 AUTUMN LEAF DR.	WINTER GARDEN FL 34787	<input type="checkbox"/>
D	HALL, RICHARD	853 HIGH POINT CIR	CLERMONT FL	<input type="checkbox"/>
D	REVELL, CLIFF	912 LINDON ST	CLERMONT FL 34711	<input type="checkbox"/>
D	WALKER, ROBERT	608 S. MAIN ST #21	CLERMONT FL 34711	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	<i>P</i>	<i>Bekemeyer, Jon D</i>	<i>1871 Verde Way</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<i>Orlando, FL 32835</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JON D. BEKEMEYER* **4-6-00** (352) 241-9595
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2FC37 (9/99)