

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90117 019 ****61.25

DOCUMENT # N94000000316

1. Entity Name
CLERMONT BIBLE CHURCH, INC.

Principal Place of Business Mailing Address
664 W MONTROSE ST **P.O. BOX 121281**
CLERMONT FL 34711 **CLERMONT FL 34712**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **59-3154798** Applied For
 Not Applicable

Zip Country Zip Country
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T WALKER, EVA A	<input type="checkbox"/> Delete
STREET ADDRESS	608 S. MAIN ST #21	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE NAME	S JOHNSON, JANE	<input type="checkbox"/> Delete
STREET ADDRESS	435 SHELDON PL	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE NAME	P BEKEMEYER, JON D	<input type="checkbox"/> Delete
STREET ADDRESS	1871 VERDE WAY	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE NAME	D HALL, RICHARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	853 HIGH POINT CIR	
CITY-ST-ZIP	CLERMONT FL	
TITLE NAME	D REVELL, CLIFF	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	912 LINDON ST	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE NAME	D WALKER, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	608 S. MAIN ST #21	
CITY-ST-ZIP	CLERMONT FL 34711	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Deardorff, Rick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10313 Thompson Place	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE NAME	D Turk, Vernon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7507 Groveland Farms Road	
CITY-ST-ZIP	Groveland, FL 34736	
TITLE NAME	D Went, Tony	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7325 South Fork Ranch Road	
CITY-ST-ZIP	Clermont, FL 34711	

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. Bekemejer* 4-5-01 352-241-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)