

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90072 005 ****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		4. FEI Number 59-3154798		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
WRIGHT, LYNN W 2716 REW CIRCLE SUITE 102 OCOE 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WALKER, EVA A	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	608 S. MAIN ST #21		NAME		
STREET ADDRESS	CLERMONT FL 34711		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S JOHNSON, JANE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	435 SHELDON PL		NAME		
STREET ADDRESS	CLERMONT-FL 34711		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P BEKEMEYER, JON D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1871 VERDE WAY		NAME	13430 Fountainbleau Drive	
STREET ADDRESS	ORLANDO FL 32835		STREET ADDRESS	Clermont, FL 34711	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D DEARDORFF, RICK	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10313 THOMPSON PL		NAME		
STREET ADDRESS	CLERMONT FL 34711		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D TURK, VERNON	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7507 GOVELAND FARMS RD		NAME		
STREET ADDRESS	GROVELAND FL 34736		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D WERT, TONY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7325 S FORK RD		NAME		
STREET ADDRESS	CLERMONT FL 34711		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* **SIGNATURE REQUIRED** 4-15-02 352-241-9595

CR2E037 (9/01)