


FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90302 028 ****70.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000000316

1. Entity Name
 CLERMONT BIBLE CHURCH, INC.



Principal Place of Business
 151 HIGHWAY 27 N.
 CLERMONT, FL 34711 US

Mailing Address
 151 HIGHWAY 27 N.
 CLERMONT, FL 34711 US



2. Principal Place of Business
 14244 Johns Lake Rd
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 121673
 Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State
 Clermont, FL

City & State
 Clermont FL

Zip
 34711

Country
 LAKE

Zip
 34712

Country
 LAKE

4. FEI Number
 59-3154798

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, LYNN W
 2716 REW CIRCLE
 SUITE 102
 OCOEE, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	PROSIENSKI, DEBORAH	
STREET ADDRESS	377 ED DOUGLAS ROAD	
CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE	S	<input type="checkbox"/> Delete
NAME	READ, HELEN	
STREET ADDRESS	212 HIDEAWAY CT.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	P	<input type="checkbox"/> Delete
NAME	BEKEMEYER, JON D	
STREET ADDRESS	13430 FOUNTAIN BLEAU DR	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROSIENSKI, EDWARD S	
STREET ADDRESS	377 ED DOUGLAS ROAD	
CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINZER, CHARLES	
STREET ADDRESS	1202 DAVIS DR.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAST, FERNANDO	
STREET ADDRESS	1004 STAM PLACE	
CITY-ST-ZIP	CLERMONT, FL 34711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Deborah Prosenki 4/12/05 352-250-7440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #