

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2009
Secretary of State**

DOCUMENT# N94000000316

Entity Name: CLERMONT BIBLE CHURCH, INC.

Current Principal Place of Business:

14244 JOHNS LAKE RD
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 121673
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 59-3154798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WERT, LOLA A
Address: 7325 SOUTH FORK RANCH DRIVE
City-St-Zip: CLERMONT, FL 34714

Title: S () Delete
Name: READ, HELEN
Address: 934 CUMBERLAND CIRCLE
City-St-Zip: MINNEOLA, FL 34715

Title: P () Delete
Name: BEKEMEYER, JON D
Address: 824 SUMMIT GREENS BLVD
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: ZIMMERMAN, PAUL
Address: 1216 MEDIA ROAD
City-St-Zip: MINNEOLA, FL 34715

Title: D () Delete
Name: LAUDNER, ROSS
Address: 12025 WOODGLEN CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: ENTWISTLE, ROY
Address: 1203 SUNDEN LANE
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOLA A WERT

Electronic Signature of Signing Officer or Director

T

04/20/2009

Date