FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:15

DOCUMENT # **N94000003338 (0)**

1. Corporation Name

CLERMONT COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
10630 DWIGHTS ROAD CLERMONT FL 34711	10630 DWIGHTS ROAD CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1994
3a. Date of Last Report:
4. FEI Number: 59-3253232 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	561-63

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VAN WAGNER, RICK 1815 MAGNOLIA AVENUE WINTER PARK FL 32789	81 Name: VAN WAGNER, RICK 82 Street Address (P.O. Box Number is Not Acceptable): 10630 DWIGHTS ROAD 83 84 City: CLERMONT FL 85 Zip Code: 34711

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	VAN WAGNER, RICK	1.2 NAME		
STREET ADDRESS	1815 MAGNOLIA AVE.	1.3 STREET ADDRESS	10630 DWIGHTS ROAD	
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	CLERMONT, FL. 34711	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	WAN WAGNER, WILLIAM	2.2 NAME		
STREET ADDRESS	10630 DWIGHTS RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711	2.4 CITY-ST-ZIP		
TITLE	VSD	3.1 TITLE		☐ Change ☐ Addition
NAME	VAN WAGNER, JANET	3.2 NAME		
STREET ADDRESS	10630 DWIGHTS RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☒ Change ☐ Addition
NAME	AUGUSTINE, SHAWN	4.2 NAME		
STREET ADDRESS	7766 DOE RUN	4.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	ORLANDO FL 32810	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	YAUN, RADFORD	5.2 NAME		
STREET ADDRESS	3939 COVERLY CT. #5D	5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779-4689	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☒ Change ☐ Addition
NAME	AUGUSTINE, CHERYL	6.2 NAME		
STREET ADDRESS	7766 DOE RUN	6.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	ORLANDO FL 32810	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rick Van Wagner Rick Van Wagner, President 3/31/95 904-339-1765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #