## **FILE NOW: FILING FEE IS \$61.25**

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Jul 06 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (2)704555 FIRST CHURCH OF CHRIST SCIENTIST OF CLERMONT, FL ORIDA, INC. Principal Place of Business Mailing Address NT. FLORIDA. INC. NT. FLORIDA. INC. 3. Date Incorporated or Qualified 510 MINNEOLA AVE 510 MINNEOLA AVE. 03/12/1953 CLERMONT FL 34711 CLERMONT FL 34711 4. FEI Number Applied For 59-6525747 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BELL, RICHARD H. Street Address (P.O. Box Number is Not Acceptable) 1139 LAKESHORE DR. **CLERMONT FL 34711** 83 Zip Code City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE OK NAME **BELL MARIAN** 1 2 NAME STREET ADDRESS **208 EAST AVE BOX 593** 1.3 STREET ADDRESS CLERMONT, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP Change X Addition DIERROA DELETE TITLE 2.1 TITLE Joy Albright 510 MINNEOLA Ave TREMLAY, CATHERINE 2.2 NAME NAME 7033 SAMPEY RD. 2.3 STREET ADDRESS (ch) Air STREET ADDRESS Clermont, FC **GR**OVELAND FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Change President DELETE Addition TITLE BELL, RICHARD NAME 3.2 NAME 1139 LAKE SHORE DRIVE STREET ADDRESS 3.3 STREET ADDRESS **CLERMONT, FL 0** 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE TROSCURES Change Addition 05 NAME JELSEMA, C. BEN 4. 2 NAME STREET ADDRESS **13124 LOBLOLLY LANE** 4.3 STREET ADDRESS **CLERMONT FL 34711** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE TITLE 500002580315 NAME 6.2 NAME -07/06/98--01070--001 6.3 STREET ADDRESS STREET ADDRESS \*\*\*61.25 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 annual report or supplemental annual report is the 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 employered 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 that an address.

**FILED** 

5/20/98

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