

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704555

1. Entity Name

FIRST CHURCH OF CHRIST SCIENTIST OF CLERMONT, FL

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90006 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

NT. FLORIDA. INC.  
510 MINNEOLA AVE.  
CLERMONT FL 34711

NT. FLORIDA. INC.  
510 MINNEOLA AVE.  
CLERMONT FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3495649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, RICHARD H.  
1139 LAKESHORE DR.  
CLERMONT FL 34711

Name

FAITH JELSEMA

Street Address (P.O. Box Number is Not Acceptable)

510 MINNEOLA AVE.

City

CLERMONT

FL

Zip Code

34711

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

*FAITH JELSEMA*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/11/2000

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME DAU SCHMIDT, ROSELIE  
STREET ADDRESS 206 JACARANDA LN  
CITY-ST-ZIP LEESBURG FL

TITLE ☒ Change ☐ Addition  
NAME S  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ALBRIGHT, JOY  
STREET ADDRESS 510 MINNEOLA AVE  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME BELL, RICHARD  
STREET ADDRESS 1139 LAKE SHORE DRIVE  
CITY-ST-ZIP CLERMONT, FL 0

TITLE ☐ Change ☒ Addition  
NAME MARIAN BELL  
STREET ADDRESS 208 EAST AVE.  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Delete  
NAME JELSEMA, C. BEN  
STREET ADDRESS 13124 LOBLOLLY LANE  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME FAITH JELSEMA  
STREET ADDRESS 13124 Loblolly Ln  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME ELMER GOSHORN  
STREET ADDRESS 9600 Hwy 192 West  
CITY-ST-ZIP CLERMONT, FL 34711

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:

*FAITH JELSEMA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2000

Date

352-242-9333

Daytime Phone #

CR2E037 (9/99)