

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90002 032 ****61.25

DOCUMENT # 704555

1. Entity Name

FIRST CHURCH OF CHRIST SCIENTIST OF CLERMONT,
FLORIDA, INC.



Principal Place of Business

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

Mailing Address

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

NO-T APPLICABLE

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

JELSEMA, FAITH
510 MINNEOLA AVE
CLERMONT FL 34711

Name **JELSEMA, BEN**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	C JELSEMA, FAITH	<input type="checkbox"/> Delete
STREET ADDRESS	13124 LOBLOBBY LN	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE NAME	D BELL, RON	<input type="checkbox"/> Delete
STREET ADDRESS	208 EAST AVE BOX 593	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE NAME	SD BELL, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	1139 LAKE SHORE DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE NAME	TD JELSEMA, C. BEN	<input type="checkbox"/> Delete
STREET ADDRESS	13124 LOBLOBBY LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE NAME	D TREMBLAY, CATHERIN	<input type="checkbox"/> Delete
STREET ADDRESS	7033 SAMPEY RD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D JELSEMA, FAITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13124 LOBLOBBY LN	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE NAME	C Bell Ron	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	208 East Ave Box 593	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/04

Date

407 877-8080

Daytime Phone #