

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2008 08:00 AM
Secretary of State

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
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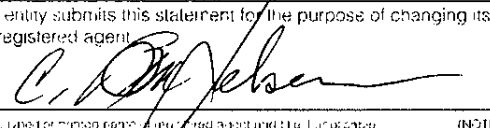


2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country

1st MOORE	CR2E037 (10/07)
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 JELSEMA, BEN 510 MINNEOLA AVE CLERMONT FL 34711
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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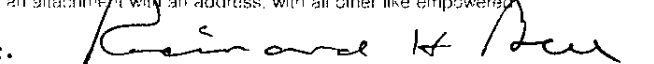
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3-16-08 Signature typed or printed name if registered agent and if not, then name of officer or director (NOTE: Registered Agent signature must be used with a notary) DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D JELSEMA, FAITH 13124 LOBLOBBY LN CLERMONT FL 34711	
C BELL, RON 208 EAST AVE BOX 593 CLERMONT FL 34711	☐ Delete
SD BELL, RICHARD 1139 LAKE SHORE DRIVE CLERMONT FL 34711	☐ Delete
TD JELSEMA, C. BEN 13124 LOBLOBBY LANE CLERMONT FL 34711	☐ Delete
D HUFFMAN, PRISCILLA 14213 TILDEN RD WINTER GARDEN FL 34747	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U000000937763 05/27/08-80063-005 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 registered 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 empowerers.
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SIGNATURE:  4-27-08
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