2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2009
Secretary of State

DOCUMENT# 704555

Entity Name: FIRST CHURCH OF CHRIST SCIENTIST OF CLERMONT, FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JELSEMA, BEN
510 MINNEOLA AVE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JELSEMA, FAITH
Address: 13124 LOBLOBBY LN
City-St-Zip: CLERMONT, FL 34711

Title: C ( ) Delete
Name: BELL, RON
Address: 208 EAST AVE BOX 593
City-St-Zip: CLERMONT, FL 34711

Title: SD ( ) Delete
Name: BELL, RICHARD
Address: 1139 LAKE SHORE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: TD ( ) Delete
Name: JELSEMA, C. BEN
Address: 13124 LOBLOLLY LANE
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: HUFFMAN, PRISCILLA
Address: 14213 TILDEN RD
City-St-Zip: WINTER GARDEN, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. BEN JELSEMA TD 07/20/2009
Electronic Signature of Signing Officer or Director — Date