

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711065 (3)

1. Corporation Name
FIRST BAPTIST CHURCH OF CLERMONT, INC.



Principal Place of Business: 498 MONTROSE ST, CLERMONT FL 32711 US
Mailing Address: 498 MONTROSE ST, CLERMONT FL 32711 US

3. Date Incorporated or Qualified: 06/21/1966
3a. Date of Last Report: 01/31/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-0774189	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent
**FOWLER, WARNIE
470 DESOTO STREET
CLERMONT FL 34711**

10. Name and Address of New Registered Agent
81 Name: **Bill Miller**
82 Street Address (P.O. Box Number is Not Acceptable): **1401 W. Hwy. 50, Box 223A**
83
84 City: **Clermont** FL 85 Zip Code: **34711**

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 617.0509, Florida Statutes.

SIGNATURE: *William J. Miller* DATE: **2-14-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: FOWLER, WARNIE	1.1 TITLE: PT	1.2 NAME: Miller, Bill
STREET ADDRESS: 470 DESOT ST.	CITY-ST-ZIP: CLERMONT FL	1.3 STREET ADDRESS: 1401 W. Hwy. 50, Box 223A	1.4 CITY-ST-ZIP: Clermont FL 34711
TITLE: S	NAME: MAYS, MARY	2.1 TITLE: T VP	2.2 NAME: Roy Caldwell
STREET ADDRESS: 213 E. SMTR	CITY-ST-ZIP: MINNEOLA FL	2.3 STREET ADDRESS: P O Box 121025	2.4 CITY-ST-ZIP: Clermont, FL 34712
TITLE: D	NAME: WILSON, MARVIN	3.1 TITLE: T S	3.2 NAME: Bill Cockcroft
STREET ADDRESS: 10434 LAKESHORE DR	CITY-ST-ZIP: CLERMONT FL	3.3 STREET ADDRESS: 14700 Green Valley Blvd, Clermont FL	3.4 CITY-ST-ZIP: CLERMONT FL
TITLE: D	NAME: LEDDON, EDGAR	4.1 TITLE: 600001747466	4.2 NAME: -03/18/96--01085--021
STREET ADDRESS: 1236 LAKEVIEW DRIVE	CITY-ST-ZIP: CLERMONT FL	4.3 STREET ADDRESS: ***61.25	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William J. Miller* DATE: **2-14-96** 352-394-2857

CR2E037 (12/95)