## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 11, 2001 8:00 am Secretary of State 01-11-2001 90033 035 \*\*\*\*61.25 **DOCUMENT # 711065** FIRST BAPTIST CHURCH OF CLERMONT, INC. Mailing Address Principal Place of Business 498 MONTROSE ST 498 MONTROSE ST CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0774189 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CALDWELL, ROY 608 S MAIN AVE MINNEOLA FL 34755 City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (10/00) ☐ Addition TITLE VPT ☐ Delete TITLE NAME AKERS, GREG NAME STREET ADDRESS STREET ADDRESS 15507 THOROUGHBRED LANE KAT KAT KAT CITY-ST-ZIP CITY-ST-ZIP MONTVERDE FL 34756 ☐ Addition ☐ Delete TITLE CALDWELL, ROY NAME NAME STREET ADDRESS STREET ADDRESS 608 S. MAIN ST CITY\_ST-ZIP CITY-ST-ZIP MINNEOLA FL-Change ☐ Addition ☐ Delete TITLE TITLE NAME COCKCROFT, BILL STREET ADDRESS 14700 GREEN VALLEY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLERMONT FL 34711** ☐ Change ☐ Addition ☐ Delete TITL F TITLE NAME LUSKY, JERRY NAME STREET ADDRESS STREET ADDRESS 11247 HARDER RD CITY-ST-ZIF CITY-ST-7IP CLERMONT FL [ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 supplier ental 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

STREET ADDRESS

changed, or on an attach

CITY-ST-ZIP