

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711065

**FILED
Jan 22, 2004
Secretary of State**

Entity Name: FIRST BAPTIST CHURCH OF CLERMONT, INC.

Current Principal Place of Business:

498 MONTROSE ST
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

498 MONTROSE ST
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 59-0774189 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CALDWELL, ROY
608 S MAIN AVE
MINNEOLA, FL 34755 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: VPT () Delete
Name: CARLBERG, DEAN
Address: 18007 WHISPERWIND
City-St-Zip: CLERMONT, FL 34711

Title: PT () Delete
Name: CALDWELL, ROY
Address: 608 S. MAIN ST
City-St-Zip: MINNEOLA, FL

Title: ST () Delete
Name: COCKCROFT, BILL
Address: 14700 GREEN VALLEY BLVD
City-St-Zip: CLERMONT, FL 34711

Title: DT () Delete
Name: LUSK, JERRY
Address: 11247 HARDER RD
City-St-Zip: CLERMONT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT (X) Change () Addition
Name: BLACK, BOB
Address: 205 VIRGINIA ST
City-St-Zip: MINNEOLA, FL 34755

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 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 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: BOB BLACK

VPT

01/22/2004

Electronic Signature of Signing Officer or Director

_____ Date