

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711065

FILED  
Mar 03, 2005  
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: BLACK, BOB  
Address: 205 VIRGINIA ST  
City-St-Zip: MINNEOLA, FL 34755

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: ( ) 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 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: ROY CALDWELL

PT

03/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date