FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 28 PM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770410 (9)

1. Corporation Name

CLERMONT CHRISTIAN CENTER MINISTRIES, INCORPORATED

Principal Place of Business	Mailing Address
915 W DESOTO P.O. BOX 121004 CLERMONT FL 34712-0004	915 W DESOTO P.O. BOX 121004 CLERMONT FL 34712-1004 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1983
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2326261 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

STACY, VIOLET
598 W. LAKESHORE DR.
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name: BILLIE S. ROBINSON
82 Street Address (P.O. Box Number is Not Acceptable): 909 W. JUNIATA ST.
83
84 City: CLERMONT FL 85 Zip Code: 34712

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Billie S. Robinson — Billie S. Robinson — 4/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	CHAIRMAN OF THE BOARD D	☑ Change ☐ Addition
NAME	STACY, CLYDE R	1.2 NAME	STACY, CLYDE R.	
STREET ADDRESS	598 W. LAKESHORE DR.	1.3 STREET ADDRESS	1906 SOMERSWORTH DR.	
CITY-ST-ZIP	CLERMONT, FL 00000	1.4 CITY-ST-ZIP	SOUTH BEND, INDIANA 46614	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCOY, RUBY J.	2.2 NAME		
STREET ADDRESS	1020 DISSTON AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☑ Change ☐ Addition
NAME	STACY, VIOLET	3.2 NAME	DELETE THIS NAME	
STREET ADDRESS	598 W. LAKESHORE DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 00000	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	PRESIDENT D	☐ Change ☑ Addition
NAME		4.2 NAME	ROBINSON, NATHAN C	
STREET ADDRESS		4.3 STREET ADDRESS	909 W. JUNIATA ST.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CLERMONT, FL. 34712	
TITLE		5.1 TITLE	SECRETARY/TREASURER D	☐ Change ☑ Addition
NAME		5.2 NAME	BILLIE S. ROBINSON	
STREET ADDRESS		5.3 STREET ADDRESS	909 W. JUNIATA ST.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLERMONT, FL. 34712	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: Nathan C. Robinson — NATHAN C. ROBINSON — 4/10/95 — 904-374-5906
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

000770