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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34712-8004	915 W DESOTO P.O. BOX 121004 CLERMONT FL 34712-1004 US

3. Date Incorporated or Qualified: **09/23/1983**
3a. Date of Last Report: **04/08/1996**

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:

4. FEI Number: **59-2326261** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBINSON, BILLIE S.
909 W. JUNIATA STREET
CLERMONT FL 34712

10. Name and Address of New Registered Agent

81 Name: BILLIE S. ROBINSON
82 Street Address (P.O. Box Number is Not Acceptable): 342 DIVISION STREET
83 [illegible]
84 City: CLERMONT, FL. 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STACY, CLYDE R		1.2 NAME		
STREET ADDRESS	1906 SOMERWORTH DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH BEND IN		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	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	PD	☐ DELETE	3.1 TITLE	PRESIDENT D	☐ Change ☐ Addition
NAME	ROBINSON, NATHAN C.		3.2 NAME	NATHAN C. ROBINSON	
STREET ADDRESS	909 W. JUNIATA STREET		3.3 STREET ADDRESS	342 DIVISION STREET	
CITY-ST-ZIP	CLERMONT FL		3.4 CITY-ST-ZIP	CLERMONT, FL. 34711	
TITLE	STD	☐ DELETE	4.1 TITLE	SEC/TREASURER D	☐ Change ☐ Addition
NAME	ROBINSON, BILLIE S.		4.2 NAME	BILLIE S. ROBINSON	
STREET ADDRESS	909 W. JUNIATA STREET		4.3 STREET ADDRESS	342 DIVISION STREET	
CITY-ST-ZIP	CLERMONT FL		4.4 CITY-ST-ZIP	CLERMONT, FL. 34711	
TITLE	COB	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STACY, VIOLET		5.2 NAME		
STREET ADDRESS	1906 SOMERSWORTH DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHBEND IN		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Rev. Nathan C. Robinson Nathan C. Robinson 3/24/97 352-394-5966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069643