


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000000661 1. Entity Name CLERMONT BAPTIST CHURCH, INC.	
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Principal Place of Business 16115 OLD HWY 50 CLERMONT, FL 34711	Mailing Address 16115 OLD HWY 50 CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3626943	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JORDAN, EDWARD P II 13543 EAST HWY. 50 CLERMONT, FL 34711
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WETHERBEE, MICHAEL J REV. 1237 GREENLEY AVE GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEATHERBEE, MICHAEL J REV 1075 STATIONSIDE DR OAKLAND, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIEN, PHILLIP 1650 STANLEY AVE GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BOB 8614 CHERRY LK RD GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANDALL, JEFF POB 7 GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLAIN, PETE 10729 BELO HORIZONTE AVE CLERMONT, FL 34711

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02/12/07-80030-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/2/07** **352-242-0919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #