

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 19, 2007
Secretary of State

DOCUMENT# N00000000661

Entity Name: CLERMONT BAPTIST CHURCH, INC.**Current Principal Place of Business:**16115 OLD HWY 50
CLERMONT, FL 34711**New Principal Place of Business:****Current Mailing Address:**16115 OLD HWY 50
CLERMONT, FL 34711**New Mailing Address:****FEI Number:** 59-3626943**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JORDAN, EDWARD P II
13543 EAST HWY. 50
CLERMONT, FL 34711 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: P () Delete
Name: WETHERBEE, MICHAEL J REV.
Address: 1237 GREENLEY AVE
City-St-Zip: GROVELAND, FL 34736

Title: P () Delete
Name: WEATHERBEE, MICHAEL J REV
Address: 1075 STATIONSIDE DR
City-St-Zip: OAKLAND, FL 34787

Title: VP () Delete
Name: LIEN, PHILLIP
Address: 1650 STANLEY AVE
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: MOORE, BOB
Address: 8614 CHERRY LK RD
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: CRANDALL, JEFF
Address: POB 7
City-St-Zip: GROVELAND, FL 34736

Title: D (X) Delete
Name: MCCLAIN, PETE
Address: 10729 BELO HORIZONTE AVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIEN, PHILIP J REV.
Address: 1650 STANLEY AVE
City-St-Zip: GROVELAND, FL 34736

Title: T (X) Change () Addition
Name: CRANDALL, HOWARD J MR
Address: PO BOX 7
City-St-Zip: GROVELAND, FL 34736

Title: S (X) Change () Addition
Name: PORTER, BARBARA J
Address: 3776 FALLSCREST CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Change () Addition
Name: FORD, GLENN
Address: 1215 REAGAN'S RESERVE BLVD
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change () Addition
Name: SECHREST, TODD
Address: 849 ROCK CREEK STREET
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PASTOR PHILIP J. LIEN

P

06/19/2007

Electronic Signature of Signing Officer or Director

Date