2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
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 ( )**

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: LIEN, PHILIP J REV.
Address: 1650 STANLEY AVE
City-St-Zip: GROVELAND, FL 34736

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

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

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D ( ) Change (X) Addition
Name: HICKEY, JEREMIAS
Address: 1496 MUIR CIRCLE
City-St-Zip: CLERMONT, FL 34711

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: REV. PHILIP J. LIEN P 01/17/2008

Electronic Signature of Signing Officer or Director — Date