2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# N02000007113

Entity Name: CLERMONT CHAPTER FLORIDA, INC.

Current Principal Place of Business:

2480 S. HWY 27
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

2480 S HWY 27
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 45-0480291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROUSE, LINDA R
14630 PINE LAKE ST.
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

FOGLE, NAN B
2691 BOND STREET
CLERMONT, FL 34711 US

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: NAN B. FOGLE 01/06/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RYBARCZYK, ROBERT
Address: 2480 S. HWY 27
City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete
Name: CAGE, MIKE
Address: 2480 S. HWY 27
City-St-Zip: CLERMONT, FL 34711

Title: SD ( ) Delete
Name: CROUSE, LINDA R
Address: 14630 PINE LAKE ST.
City-St-Zip: CLERMONT, FL 34711

Title: TD ( ) Delete
Name: CAGE, DAWN
Address: 2480 S. HWY 27
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: MALIK, JANICE
Address: 2480 S. HWY 27
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THORN, THOMAS
Address: 2480 S. HWY 27
City-St-Zip: CLERMONT, FL 34711

Title: VD (X) Change ( ) Addition
Name: CROUSE, LINDA R
Address: 2480 S. HWY 27
City-St-Zip: CLERMONT, FL 34711

Title: SD (X) Change ( ) Addition
Name: FOGLE, NAN B
Address: 2691 BOND STREET
City-St-Zip: CLERMONT, FL 34711

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

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: THOMAS THORN PD 01/06/2008
Electronic Signature of Signing Officer or Director Date