

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/3

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90062 036 \*\*\*\*70.00

<b>DOCUMENT # N05000006813</b>					
<b>1. Entity Name</b> CLERMONT FELLOWSHIP CHURCH, INC.					
<b>Principal Place of Business</b> 13900 COUNTY ROAD 455 SUITE 107-303 CLERMONT, FL 34711			<b>Mailing Address</b> 13900 COUNTY ROAD 455 SUITE 107-303 CLERMONT, FL 34711		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01052006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 20-3060131				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CASOLARO, THOMAS 13900 COUNTY ROAD 455 SUITE 107-303 CLERMONT, FL 34711				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE <u>Thomas S Casolero</u> <span style="float: right;">1/23/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CASOLARO, THOMAS <input type="checkbox"/> Delete 14822 INDIAN RIDGE TRAIL CLERMONT, FL 34711				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D KENDRICK, DALE <input type="checkbox"/> Delete 154 BELVEDERE PLACE ALABASTER, AL 350073132				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, JT <input type="checkbox"/> Delete PO BOX 850 ALABASTER, AL 35007				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BURCHAM, WADE <input type="checkbox"/> Delete 5046 INDIAN VALLEY ROAD BIRMINGHAM, AL 352443606				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D HURD, TIM <input type="checkbox"/> Delete 352 SAVANNAH CIRCLE CALERA, AL 350407212				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
SIGNATURE: <u>Thomas S Casolero</u> <span style="float: right;">1/23/06 352-638-1488</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66003207





ATTACHMENT

66003207

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2006

CLERMONT FELLOWSHIP CHURCH, INC.  
13900 COUNTY ROAD 455  
SUITE 107-303  
CLERMONT, FL 34711

Subject: CLERMONT FELLOWSHIP CHURCH, INC.

Reference Number:

N05000006813

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION