

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41914 (5)

1. Corporation Name

CLERMONT FIRST BAPTIST WEE CENTER, INC.

Principal Place of Business

**498 MONTROSE ST.
CLERMONT FL 34711**

Mailing Address

**P O BOX 121151
CLERMONT FL 34711
US**



3. Date Incorporated or Qualified
01/22/1991

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3049182

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

34712-1151

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGLEY, RICHARD H.
700 ALMOND ST
CLERMONT FL 34711**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO** ☐ DELETE
NAME **CALDWELL, MARION ANN**
STREET ADDRESS **POB 121025**
CITY - ST - ZIP **CLERMONT FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **SMITH, LUCILLE A.**
STREET ADDRESS **13104 PLUM LAKE DR**
CITY - ST - ZIP **CLERMONT FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE
NAME **HABERMEHL, RALPH**
STREET ADDRESS **661 PRINCE EDWARD AVE.**
CITY - ST - ZIP **CLERMONT FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **808 High Point Circle**
3.4 CITY - ST - ZIP **Clermont FL 34711**

TITLE **D** ☐ DELETE
NAME **LEDDON, DOROTHY**
STREET ADDRESS **1236 LAKEVIEW DR**
CITY - ST - ZIP **CLERMONT FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **VD** ☐ DELETE
NAME **BLACKBURN, SANDRA**
STREET ADDRESS **5836 MARVIN'S PLACE**
CITY - ST - ZIP **GROVELAND FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **T Bryant, James**
6.3 STREET ADDRESS **11944 Burton St.**
6.4 CITY - ST - ZIP **Clermont, FL 34711**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph Habermehl* *Ralph Habermehl*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

394-3063

CR2E037 (12/95)