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Apr 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 34712-1151
US**

3. Date Incorporated or Qualified **01/22/1991** 3a. Date of Last Report **03/13/1996**

| | | | |
|---|--|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 59-3049182 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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 | PD | 1.1 TITLE | PD |
| NAME | CALDWELL, MARION ANN | 1.2 NAME | Caldwell, Marion Ann |
| STREET ADDRESS | POB 121025 | 1.3 STREET ADDRESS | Po Box 121025 |
| CITY-ST-ZIP | CLERMONT FL | 1.4 CITY-ST-ZIP | Clermont FL 34712 |
| TITLE | D | 2.1 TITLE | D |
| NAME | SMITH, LUCILLE A. | 2.2 NAME | Smith, Lucille A. |
| STREET ADDRESS | 13104 PLUM LAKE DR | 2.3 STREET ADDRESS | 8921 Village Green Blvd. |
| CITY-ST-ZIP | CLERMONT FL | 2.4 CITY-ST-ZIP | Clermont FL 34711 |
| TITLE | SD | 3.1 TITLE | T |
| NAME | HABERMEHL, RALPH | 3.2 NAME | Habermehl, Ralph |
| STREET ADDRESS | 808 HIGHPOINT CIRCLE | 3.3 STREET ADDRESS | 808 High Pointe Circle |
| CITY-ST-ZIP | CLERMONT FL | 3.4 CITY-ST-ZIP | Clermont FL 34711 |
| TITLE | D | 4.1 TITLE | VD |
| NAME | LEDDON, DOROTHY | 4.2 NAME | Leddon, Dorothy |
| STREET ADDRESS | 1236 LAKEVIEW DR | 4.3 STREET ADDRESS | 1236 Lakeview Dr |
| CITY-ST-ZIP | CLERMONT FL | 4.4 CITY-ST-ZIP | Clermont FL 34711 |
| TITLE | VD | 5.1 TITLE | D |
| NAME | BLACKBURN, SANDRA | 5.2 NAME | Blackburn, Sandra |
| STREET ADDRESS | 5836 MARVIN'S PLACE | 5.3 STREET ADDRESS | 5836 marvin's Place |
| CITY-ST-ZIP | GROVELAND FL | 5.4 CITY-ST-ZIP | Groveland FL 34736 |
| TITLE | T | 6.1 TITLE | |
| NAME | BRYANT, JAMES | 6.2 NAME | |
| STREET ADDRESS | 11944 BURTON STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
TREASURER 4/3/97 (352) 394-2259

CR2E037 (9/96)

Clermont First Baptist W.E.E. Center, Inc.
PO Box 121151
Clermont, FL 34712-1151

April 14, 1997

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs,

Please add the following person to our list of directors,

S
Marilyn Morrison
840 High Pointe Circle
Clermont, FL 34711

Sincerely,

A handwritten signature in cursive script, appearing to read "Ralph Habermehl".

Ralph Habermehl
Treasurer