

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90030 026 \*\*\*\*61.25

**DOCUMENT # N41914**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3049182**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **C** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **WEST, JAMES**  
 STREET ADDRESS **810 FORRESTWOOD DRIVE**  
 CITY-ST-ZIP **CLERMONT FL**

TITLE **TD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **HABERMEHL, RALPH**  
 STREET ADDRESS **808 HIGHPOINT CIRCLE**  
 CITY-ST-ZIP **CLERMONT FL**

TITLE **SD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☒ Delete  
 NAME **LEDDON, DOROTHY**  
 STREET ADDRESS **1236 LAKEVIEW DR**  
 CITY-ST-ZIP **CLERMONT FL**

TITLE **JODY LAWSON VD** ☐ Change ☒ Addition  
 NAME **5845 BIBLE CAMP ROAD**  
 STREET ADDRESS **Groveland, FL. 34736**  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I 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 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.

SIGNATURE:

**SIGNATURE REQUIRED**

4-30-01

352-394-2259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)