

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41914

1. Entity Name

CLERMONT FIRST BAPTIST WEE CENTER, INC.

Principal Place of Business

Mailing Address

498 MONTROSE ST.  
CLERMONT FL 34711

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

6. Name and Address of Current Registered Agent

LANGLEY, RICHARD H.  
700 ALMOND ST  
CLERMONT FL 34711

7. Name and Address of New Registered Agent

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C CALDWELL, MARION ANN  
POB 121025  
CLERMONT FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
SANDRA BLACKBURN  
5836 MARVINS PLACE  
GROVELAND, FL. 34736 PD ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
REBECCA M. KUYKENDALL  
5329 C.R. 561  
CLERMONT, FL. 34711 VD ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREAS.  
WEST, JAMES C  
810 FORRESTWOOD DRIVE  
CLERMONT, FL. 34711 TD ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
RALPH HABERMEHL  
808 HIGHPOINT CIRCLE  
CLERMONT, FL. 34711 SD ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD LAWSON, JODY  
5845 BIBLE CAMP RD.  
GROVELAND FL 34738 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LAWSON, JODY  
5845 Bible Camp Rd.  
GROVELAND, FL. 34736 C ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

Sandra Blackburn (Sandra Blackburn) 2-20-02 352.394-229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jun 12, 2002 8:00 am  
Secretary of State

05-20-2002 90123 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)