


FILE NOW: FILING FEE IS \$01.23

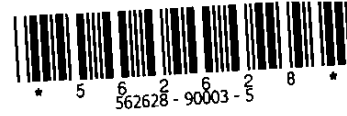
FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90038 037 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N98000003183

1. Corporation Name
FAMILY CHRISTIAN CENTER OF CLERMONT, INC.



Principal Place of Business 805 FORESTWOOD DRIVE CLERMONT FL 34711	Mailing Address P.O. BOX 121143 CLERMONT FL 34712-1143
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/01/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-351-4506
22	27	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent WAGNER, BILL VAN 10630 DWIGHTS ROAD CLERMONT FL 34711	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President - D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard K. Van Wagner	1.2 NAME	
STREET ADDRESS	805 Forestwood Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Clermont, FL 34711	1.4 CITY-ST-ZIP	
TITLE	Vice-President - D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Radford A. Yawn	2.2 NAME	
STREET ADDRESS	805 Park Trail Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Clermont, FL 34711	2.4 CITY-ST-ZIP	
TITLE	Vice-President - D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William R. Van Wagner	3.2 NAME	
STREET ADDRESS	10630 Dwight Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Clermont, FL 34711	3.4 CITY-ST-ZIP	
TITLE	Treasurer - D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard E. Bunce	4.2 NAME	
STREET ADDRESS	13110 Shore Dr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Winter Garden, FL 34787	4.4 CITY-ST-ZIP	
TITLE	Secretary - D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Felix Quinones	5.2 NAME	
STREET ADDRESS	16754 CR 33 N	5.3 STREET ADDRESS	
CITY-ST-ZIP	Mascotte, FL 34753-8841	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Richard K. Van Wagner* **SIGNATURE REQUIRED** Date: 4-30-99 Daytime Phone #: 352-242-1895

CR2E037 (1/98)