

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003183

**Entity Name:** FAMILY CHRISTIAN CENTER OF CLERMONT, INC.

**Current Principal Place of Business:**

2500 S. HIGHWAY 27  
CLERMONT, FL 34711

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC0327190671**

**Current Mailing Address:**

P.O. BOX 120037  
CLERMONT, FL 34712

**FEI Number: 59-3514506**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VAN WAGNER, RICHARD K  
2500 S. HWY 27  
CLERMONT, FL 34711 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name VAN WAGNER, RICHARD K  
Address 2500 S. HWY 27  
City-State-Zip: CLERMONT FL 34711

Title S  
Name VAN WAGNER, WILLIAM R  
Address 10630 DWIGHTS RD.  
City-State-Zip: CLERMONT FL 34711

Title T  
Name HOLDER, CARLYLE  
Address 322 HEATHER HILL DR  
City-State-Zip: CLERMONT FL 34711

Title D  
Name DAVEY, DARRELL  
Address 3809 GLENFORD DRIVE  
City-State-Zip: CLERMONT FL 34711

Title D  
Name VELEZ, MIGUEL A  
Address 12644 LAKERIDGE CIR  
City-State-Zip: CLERMONT FL 34711

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHARD K. VAN WAGNER**

**PRESIDENT**

**03/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date