

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N03000006148

Entity Name: CELESTIALSOUNDS, INC.

Current Principal Place of Business:

5137 GRANDVIEW CT
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

5137 GRANDVIEW CT
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 54-2121947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, CELESTINE G CEO
5137 GRANDVIEW CT
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: TURNER, CELESTINE G
Address: 5137 GRANDVIEW CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: BROWN, W. REBECCA
Address: 7804 PRESERVATION RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: STRINGER, LINDA
Address: P.O. BOX 6886
City-St-Zip: TALLAHASSEE, FL 32314

Title: D () Delete
Name: BARRINGTON, HELENE
Address: 6245 HINES HILL CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: BARRINGTON, KENNITH
Address: 6245 HINES HILL CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: CORK, MICHAEL
Address: 5430 WATER VALLEY CT
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CELESTINE G. TURNER

CEO

03/24/2009

Electronic Signature of Signing Officer or Director

Date