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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50114

1. Corporation Name
Celebration Community Church, Inc.

REINSTATEMENT 96-97

Principal Place of Business	Mailing Address
16406 Shagbark Pl. Tampa, FL 33618	16406 Shagbark Pl. Tampa, FL 33618

3. Date Incorporated or Qualified: 07/29/92
3a. Date of Last Report: 04/26/95

2. Principal Place of Business
21 16406 Shagbark Pl.
Suite, Apt. #, etc. 22
City & State 23 Tampa, FL
Zip 24 33618 Country 25 Hillsborough

2a. Mailing Address
26 16406 Shagbark Pl.
Suite, Apt. #, etc. 27
City & State 28 Tampa, FL
Zip 29 33618 Country 30 Hillsborough

4. FEI Number: 59-3134856 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

Pelham, Allen
14502 N. Dale Mabry
Suite 200
Tampa, FL 33618

10. Name and Address of New Registered Agent

81 Name: Pelham, Allen
82 Street Address (P.O. Box Number is Not Acceptable): 17333 Simmons RD
83
84 City: LUTZ FL 85 Zip Code: 33549

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 _____ 5/24/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Long, Clifford E. 5603-C Goldfish St. Lutz, FL 33549	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Long, Clifford E. 4733 W. Waters Ave. #1817 Tampa, FL 33614	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Babione, Daniel 10225 Fleetwood Dr. Tampa, FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Pelham, Allen 17333 Simmons Rd. Lutz, FL 33549	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	600002241155--8 -07/18/97--01055--009 ****306.25 ****306.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Spencer, David 3812 Little Run Rd. Lutz, FL 33549	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Howell, Tracy 11783 Phoenix Circle Tampa, FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

SIGNATURE: _____ May 25, 1997 (813)884-2416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #