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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50114

1. Corporation Name

CELEBRATION COMMUNITY CHURCH, INC.

		_		
Principal	Place	οf	Busin	ess
		•		

Mailing Address

16406 SHAGBARK PLACE TAMPA FL 33618 16406 SHAGBARK PLACE TAMPA FL 33618

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90036 005 ****70.00

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2. Principal P	Principal Place of Business 2a. Mailing Address 28 17333 SIMO		MONS RD		3. Date Incorporated or Qualifed 07/29/1992				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For		
22		27			59-3134856		t Applicable		
City & Stat	e	City & State			5. Certificate of Status Desired	\$8.75 / Fee Re			
Zip	Country 25	Zip 29 33549 3	Country	SA.	Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	,		
	9. Name and Address of Curren				10. Name and Address of New Register	ed Agent			
			81	Name					
PELHAM, ALLEN 17333 SIMMONS RD.			82 Street Address (P.O. Box Number is Not Acceptable)						
			83	 					
LUTZ FL 3	333 49			ļ <u></u>					
			84	City	F	= L 85 Zip (Code		
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	, the abov	e-named co	orporation scionals this statement for the purpose	of changing its	registered		
office or r	registered agent, or both, in the State of t	of Florida. Such change was auti tions of, Section 617.0503, Florid	horized by la Statute	the corps	tion's board of directors. I hereby accept the ap	pointment as re	gistered		
SIGNATURE	ALLEN W. PELLAN	· ·	0		4/26/	49	·		
	Signature, typed or printed name of registered agen	t and title if applicable. (NCE)		nt signature fed		AND DIRECTO	12 IN 20		
12.	OFFICERS AN	D DIRECTORS M DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition		
TITLE	PD	r nereig	1.1 TITLE			L] Change			
NAME	LONG, CLIFFORD E		1.2 NAME				,		
STREET ADDRESS	// · · · · · · · · · · · · · · · ·			TADORESS	•	•			
CITY-ST-ZIP	TAMPA FL 33614	☐ DELETE	1.4 CITY-5		o d	Change	Addition		
TMLE	STD	□ nereic	21 TITLE		· -	Ta ourning			
NAME	PELHAM, ALLEN		2.2 NAME	1 *	Pelham, Allen				
STREET ADDRESS	1			TADDRESS					
CITY-ST-ZIP	LUTZ FL 33549	DELETE	2.4 CITY-	ST-ZIP		Change	Addition		
TITLE	D SUSSIE 5	□ nere ie	3.1 TITLE			(E) Onlinge			
NAME	LONG, EUGENE E		3.2 NAME		6406 SHAGBARK PL				
STREET ADDRESS	10.000 00.000 00	•		1	ANDAOUNE GOLD		_		
CITY-ST-ZIP	TAMPA FL 33618	DELETE	3.4, CITY- 4.1 TITLE		QTO.	Change	Addition		
TILE	} , ,	Ci occele	4.1 TILLE		TOWELL JR., DAVID L.	٠٠٠-٠٠٠ ب			
NAME				TADDRESS	3121 TIFTON DR				
STREET ADDRESS] .		4.3 STREE		TAMPA FL 33618				
CITY-ST-ZIP		□ DELETE	5.1 TITLE	71-SIF		Change	Addition		
NAME		<u> </u>	5.2 NAME				•		
STREET ADDRESS	}		5.3 STREE	T ADDRESS					
CITY-ST-ZIP	,		5.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change	Addition		
NAME	}		6.2 NAME	1					
STREET ADDRESS			6.3 STREE	T ADDRESS					
SINCE I ADDRESS	,		64 CITY-S						

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

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

26Apr99

(813)247-3451 ext206

Daytime Phone

(00/11/08)