# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N98000007287

1. Entity Name

CELEBRATION CHURCH OF JACKSONVILLE, INC.

**FILED**
**Apr 28, 2000 8:00 am**
**Secretary of State**
02-26-2000 90006 019 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 9428 BAYMEADOWS RD., #110<br>JACKSONVILLE FL 32256 | P. O. BOX 551341<br>JACKSONVILLE FL 32255-1341 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8535 BAYMEADOWS ROAD, | |
| Suite, Apt. #, etc.<br>35 | Suite, Apt. #, etc. |
| City & State<br>JACKSONVILLE, FL | City & State |
| Zip / Country<br>32256 / DUVAL | Zip / Country |

4. FEI Number: 59-3548973 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WEEMS, CHARLES S IV<br>9428 BAYMEADOWS RD., #110<br>JACKSONVILLE FL 32256 | Name<br>Street Address (P.O. Box Number is Not Acceptable): 8535 BAYMEADOWS ROAD, #35<br>City: JACKSONVILLE FL Zip Code: 32256 |

8. 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 _____ CHARLES S. WEEMS IV _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director, Pastor<br>Alexander, Lee<br>8535 Baymeadows Rd Suite#21<br>Jacksonville, Fl. 32256 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WEEMS, CHARLES S IV<br>301 BELL BRANCH LANE<br>JACKSONVILLE, FL 32259 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director, Pastor<br>Brooks, Chris<br>8535 Baymeadows RD Suite#21<br>Jacksonville, Fl. 32256 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director, Pastor<br>Moon, Ryan<br>8535 Baymeadows RD Suite#21<br>Jacksonville, Fl. 32256 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ CHARLES S. WEEMS IV _____ 904/737-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #