NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State
01-15-2002 90018 026 ****61.25

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DOCUMENT # N98000007287

1. Entity Name

Celebration Chuch of Jacksonville, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8535 Baymeadows Rd.	P.O. Box 551341
Suite, Apt. #, etc. Suite 56	Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32256 Country Duval	Zip 32255-1341 Country Duval

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Charles S. Weems IV

Street Address (P.O. Box Number is Not Acceptable)

3345 Zephyr Way N

City Jacksonville Beach **FL** Zip Code 32250

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

FEE IS $61.25 Initial or Amended UBR	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

TITLE	PD	TITLE	
NAME	Charles S. Weems IV	NAME	
STREET ADDRESS	3350 Zephyr Way N	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	Christopher B. Brooks	NAME	
STREET ADDRESS	281 Bell Branch Ln	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32259	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	Michael D. McMahon	NAME	
STREET ADDRESS	2722 University Blvd. W Apt. #10	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Jacksonville, FL 32217	CITY-ST-ZIP	
TITLE	SD	TITLE	**IN THIS SPACE**
NAME	Lee D. Alexander	NAME	
STREET ADDRESS	12251 Marbon Estates Ln W	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32223	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Donald Kittle	NAME	
STREET ADDRESS	3860 Shady Lane	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32277	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. McMahon Michael D. McMahon 4JAN2002 (904) 737-1121 X22
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #