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

DOCUMENT # N98000007287

1. Entity Name

Celebration Church of Jacksonville, Inc.

FILED

02 NOV 21 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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 32256-7445 Country USA	Zip 32255-1341 Country USA

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 III

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

11729 Exmoor Court

City Jacksonville FL Zip Code 32256-2911

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	P/D
NAME	Charles S. Weems III
STREET ADDRESS	11729 Exmoor Court
CITY-ST-ZIP	Jacksonville, FL 32256-2911
TITLE	V/D
NAME	Christopher B. Brooks
STREET ADDRESS	281 Bell Branch Lane
CITY-ST-ZIP	Jacksonville, FL 32259-4441
TITLE	T/D
NAME	Michael D. McMahon
STREET ADDRESS	6703 Yvonne Lane
CITY-ST-ZIP	Jacksonville, FL 32216-5705
TITLE	S/D
NAME	Lee D. Alexander
STREET ADDRESS	12251 Marbon Estates Lane W
CITY-ST-ZIP	Jacksonville, FL 32223-4830
TITLE	D
NAME	Donald Kittle
STREET ADDRESS	3860 Shady Lane
CITY-ST-ZIP	Jacksonville, FL 32277-2248
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	600003150376
STREET ADDRESS	11/21/02--01064--018 **70.00
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	
TITLE	**IN THIS SPACE**
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 31OCT2002 (904) 737-1121 x22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #