2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N98000007287

Entity Name: CELEBRATION CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

8535 BAYMEADOWS ROAD
SUITE 56
JACKSONVILLE, FL 322567445 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 551341
JACKSONVILLE, FL 322551341 US

New Mailing Address:

FEI Number: 59-3548973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEMS, CHARLES S IV
11729 EXMOOR COURT
JACKSONVILLE, FL 322562911 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEEMS, CHARLES S IV
Address: 11729 EXMOOR COURT
City-St-Zip: JACKSONVILLE, FL 322562911

Title: VD ( ) Delete
Name: BROOKS, CHRISTOPHER B
Address: 281 BELL BRANCH LN
City-St-Zip: JACKSONVILLE, FL 322594441

Title: TD ( ) Delete
Name: MUSSELLS, CONNIE A
Address: 2375 COVINGTON CREEK CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD ( ) Delete
Name: ALEXANDER, LEE D
Address: 12251 MARBON ESTATE LANE W.
City-St-Zip: JACKSONVILLE, FL 322234830

Title: D ( ) Delete
Name: KITTLE, DONALD
Address: 3860 SHADY LANE
City-St-Zip: JACKSONVILLE, FL 322772248

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE A. MUSSELLS TD 04/27/2004

Electronic Signature of Signing Officer or Director — Date