2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000007287

KITTLE, DONALD

3860 SHADY LANE

JACKSONVILLE, FL 322772248

Name:

Address:

City-St-Zip:

Entity Name: CELEBRATION CHURCH OF JACKSONVILLE, INC.

FILED Jan 21, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8535 BAYMEADOWS ROAD 8535 BAYMEADOWS ROAD SUITE 56 SUITE 56 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 322567445 US **New Mailing Address: Current Mailing Address:** P. O. BOX 551341 P. O. BOX 551341 JACKSONVILLE, FL 322551341 JACKSONVILLE, FL 322551341 US FEI Number: 59-3548973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEEMS, CHARLES S IV 11729 EXMOOR COURT JACKSONVILLE, FL 322562911 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WEEMS, CHARLES S IV Name: Name: 11729 EXMOOR COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 322562911 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: BROOKS, CHRISTOPHER B Name: Address: 281 BELL BRANCH LN Address: City-St-Zip: JACKSONVILLE, FL 322594441 City-St-Zip: Title: () Delete Title: () Change () Addition MCMAHON, MICHAEL D Name: Name: 6703 YVONNE LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 322165705 City-St-Zip: Title: SD () Delete Title: () Change () Addition ALEXANDER, LEE D Name: Name: 12251 MARBON ESTATE LANE W. Address: Address: City-St-Zip: JACKSONVILLE, FL 322234830 City-St-Zip: () Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL D. MCMAHON TD 01/21/2003