


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739138 (6)**  
1. Corporation Name  
**CELEBRATION BAPTIST CHURCH OF PENSACOLA, INC.**



Principal Place of Business <b>1025 S FAIRFIELD DRIVE PENSACOLA FL 32506</b>	Mailing Address <b>1025 S FAIRFIELD DRIVE PENSACOLA FL 32506-5807</b>
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3. Date Incorporated or Qualified <b>05/23/1977</b>	3a. Date of Last Report <b>06/14/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>23</b> City & State <b>24</b> Zip <b>25</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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4. FEI Number <b>59-2165391</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>BRASSELL, JEAN 3095 BARRONE ST PENSACOLA FL 32526</b>	
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number Is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jeannie Brasell, Treasurer* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>BRASSELL, STEVE</b>
STREET ADDRESS	<b>1025 S FAIRFIELD DR</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	<b>STEPHENS, SANDRA</b>
STREET ADDRESS	<b>1145 BOND ST</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>BRASSELL, JEAN</b>
STREET ADDRESS	<b>3095 BARONNE ST</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>
TITLE	CD <input type="checkbox"/> DELETE
NAME	<b>BELL, JERRY</b>
STREET ADDRESS	<b>1193 GORDON AVE</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>ROSS, DEAN</b>
STREET ADDRESS	<b>4509 MARTHA ST</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>STEPHENS, TOMMY</b>
STREET ADDRESS	<b>1145 BOND ST</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BRASSELL, JEAN</b>
2.3 STREET ADDRESS	<b>3095 BARRONE ST</b>
2.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32526</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeannie Brasell, Treasurer* 4/2/97 904-457-4977  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072888

CR2E037 (9/96)