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**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90176 029 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739771**

1. Corporation Name

~~GOLD COAST BAPTIST CHURCH, INC.~~  
*Celebration Community Church of W. Palm Beach, Inc.*

Principal Place of Business

1577 N MILITARY TRAIL  
 WEST PALM BCH FL 33409

Mailing Address

1577 N MILITARY TRAIL  
 WEST PALM BCH FL 33409



2. Principal Place of Business

21 *8518 Okeechobee Blvd.*  
 Suite, Apt. #, etc.

2a. Mailing Address

26 *P.O. Box 210577*  
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

*08/01/1977*

4. FEI Number

*59-1767993*

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

City & State

23 *West Palm Bch., FL*

City & State

28 *West Palm Beach, FL*

Zip

24 *33411*

Country

25 *USA*

Zip

29 *33421*

Country

30 *USA*

9. Name and Address of Current Registered Agent

DAVIS, ZELL JR.  
 DAVIS, ROSE & KOONS  
 301 FIRST STREET  
 WEST PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **COBB, DAVID DR**  
 STREET ADDRESS **573 WHIPPOORWILL TR**  
 CITY-ST-ZIP **W. PALM BCH. FL**

TITLE **D** ☐ DELETE

NAME **CATE, DICK**  
 STREET ADDRESS **780 LVORY LANE**  
 CITY-ST-ZIP **W. PALM BCH. FL 33415**

TITLE **D** ☒ DELETE

NAME **SCHMITT, RONALD**  
 STREET ADDRESS **5240 WIGGINGS RD.**  
 CITY-ST-ZIP **W. PALM BCH. FL 33463**

TITLE **D** ☒ DELETE

NAME **HARTZOG, JOHN**  
 STREET ADDRESS **784 101ST TRAIL S.**  
 CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

NAME *Doug BURKE*  
 STREET ADDRESS *13175 89th St. North*  
 CITY-ST-ZIP *West Palm Beach, FL 33412*

4.1 TITLE ☐ Change ☒ Addition

NAME *PAT PASTORE*  
 STREET ADDRESS *1837 Vileet Ave.*  
 CITY-ST-ZIP *West Palm Beach, FL 33415*

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Nancy S. Cobb*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/8/99*  
 Date

*561-792-2636*  
 Daytime Phone #

CR2E037 (1/98)