

DOCUMENT # 739771

1. Entity Name

CELEBRATION COMMUNITY CHURCH OF WEST PALM BEACH,

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90091 013 ****61.25

Principal Place of Business

Mailing Address

8518 OKEECHOBEE BLVD
WEST PALM BCH FL 33411
US

P.O. BOX 210577
WEST PALM BCH FL 33411-1731
US

2. Principal Place of Business

3. Mailing Address

390 Business Pkwy,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2A

City & State

City & State

ROYAL Palm Bch., FL.

Zip

Country

Zip

Country

33411 USA

4. FEI Number

59-1767993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME COBB, DAVID DR
STREET ADDRESS 573 WHIPPOORWILL TR
CITY-ST-ZIP W. PALM BCH. FL

TITLE ☒ Change ☐ Addition
NAME 468 Cypress Green Circle
STREET ADDRESS Wellington, FL 33414
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CATE, DICK
STREET ADDRESS 780 IVORY LANE
CITY-ST-ZIP W. PALM BCH. FL 33415

TITLE ☒ Change ☐ Addition
NAME 280 IVORY LANE
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BURKE, DOUG
STREET ADDRESS 13175 87TH ST NORTH
CITY-ST-ZIP W. PALM BCH. FL 33412

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PASTORE, PAT
STREET ADDRESS 1837 VILOST AVE
CITY-ST-ZIP W PALM BCH FL 33415

TITLE ☒ Change ☐ Addition
NAME 1837 Violet Ave.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID L COBB - President 4/13/00 561-792-2636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)