

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739771

FILED
Apr 05, 2005
Secretary of State

Entity Name: CELEBRATION COMMUNITY CHURCH OF WEST PALM BEACH, INC.

Current Principal Place of Business:

8518 OKEECHOBEE BLVD
WEST PALM BCH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

468 CYPRESS GREN CIR.
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-1767993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, ZELL JR.
DAVIS, ROSE & KOONS
301 FIRST STREET
WEST PALM BCH, FL 33401 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: P () Delete
Name: COBB, DAVID DR
Address: 468 CYPRESS GREEN CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: COBB, DAVID L II
Address: 3511 VILLAGE BLVD., #206
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: COBB, JONATHAN
Address: 974 RED PARROT LANE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: D () Delete
Name: PASTORE, PAT
Address: 1837 VIOLET AVE
City-St-Zip: W PALM BCH, FL 33415

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:

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: DR.DAVID COBB

P

04/05/2005

Electronic Signature of Signing Officer or Director

Date