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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K71854** (9)

1. Corporation Name

**CELEBRATION CENTER, INC.**



Principal Place of Business

Mailing Address

**C/O DEBRA HENDERSON  
5537-SHELDON RD -  
TAMPA FL 33615**

**C/O DEBRA HENDERSON  
5537-SHELDON RD -  
TAMPA FL 33615**

2. Principal Place of Business

2a. Mailing Address

21 **6802 W. Hillsborough Ave**

26 **6802 W Hillsborough Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Tampa Florida**

28 **Tampa Florida**

24 Zip

25 Country

29 Zip

30 Country

24 **33634**

25 **USA**

29

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENDERSON, DEBRA B  
819 WEST ST  
TAMPA FL 33620**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed) name of registered agent and new agent (if applicable)

(If not the Registered Agent, signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P  
HENDERSON, DEBRA B.**  
STREET ADDRESS **819 WEST ST**  
CITY-STATE-ZIP **TAMPA FL**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VPT  
BOYD, DIANE M.**  
STREET ADDRESS **11333 HOLLYGLEN DR**  
CITY-STATE-ZIP **TAMPA FL**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **VPS  
BOYD, BRENDA L.**  
STREET ADDRESS **19908 PINETREE RD**  
CITY-STATE-ZIP **ODESSA FL**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-27-96 813 888 8100**

CR2E034 (12/95)