2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000188

1 Entity Name

CELEBRATION BAPTIST CHURCH OF YULEE, INC.



FILED Feb 14, 2007 08:00 Al Secretary of State

Principal Place of Business

86063 FELMOR RD YULEE, FL 32097 Mailing Address

P O BOX 1437 YULEE, FL 32041



DO NOT WRITE IN THIS SPACE

02082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3200264

Applied For Not Applicable

Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KWIATKOWSKI, MICHAEL 46131 PIEDMONT DRIVE FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

FERNAND	IINA BEACH, FL 32034			IN 7	THIS SPAC	CE CONTRACTOR
	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or reg	ristered agent, or bo	th, in the State of Florida.	I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NQTE: Registere	d Agent signature re	quired when reinstating)		BATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	5B		of the late of the second	4. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KWIATKOWSKI, MICHAEL 96131 PIEDMONT DRIVE FERNANDINA BEACH, FL 32034		الم			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, GARY P.O. BOX 347 YULEE, FL 32041		,		000000631 02/26/07-801	225 008-012 61 25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOW, DEBRA 86467 MEADOWFIELD BLUFF RD YULEE, FL 32097			.DO	NOT WR	TECH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, WALTER 75029 BUFFALO ST YULEE, FL 32097		ar my	IN Section	THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RONNIE 85458 PHILLIPS RD YULFF FL 32097					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

PETERSON, JOYCE

85580 ELISE RD N YULEE, FL 32097

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

70-11-6

Daytime Phone #