

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90026 016 ****61.25

DOCUMENT # N00000001641

1. Entity Name

CELEBRATION COMMUNITY CHURCH OF NAPLES, INC.

Principal Place of Business

Mailing Address

**4100 CORPORATE SQUARE #154
 NAPLES FL 34104**

**4100 CORPORATE SQUARE #154
 NAPLES FL 34104**

2. Principal Place of Business

3. Mailing Address

4100 Corporate SQUARE

4100 Corporate Square

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 153

Suite # 153

City & State

City & State

Naples, Florida

Naples, Florida

Zip

Country

Zip

Country

34104

Collier

34104

Collier

4. FEI Number

65-0900789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT, JAMES E
 1422 LAPETITE CT
 NAPLES FL 34104**

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

James E. Scott

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

(NOTE: Registered Agent signature required when reinstating)

1-8-02

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 **D** ☐ Delete
 NAME **SCOTT, JAMES E.**
 STREET ADDRESS **1422 LAPETITE CT**
 CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE **D** ☒ Delete
 NAME **HEVERLING, JEFF**
 STREET ADDRESS **190 SANTA CLARA DR #1**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D** ☒ Change ☐ Addition
 NAME **Gordie Mefford**
 STREET ADDRESS **801-5 Augusta Blvd.**
 CITY-ST-ZIP **Naples, FL 34113**

TITLE **D** ☒ Delete
 NAME **ROESER, JOEL**
 STREET ADDRESS **4540 DORANDO DR**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☒ Change ☐ Addition
 NAME **Susan Obermiller**
 STREET ADDRESS **3489 Royal Wood**
 CITY-ST-ZIP **Naples, FL 34112**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
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 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:

James E. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02

Date

941.649.1588

Phone Number

CR2E037 (9/01)