

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004092

FILED
Apr 04, 2009
Secretary of State

Entity Name: CELEBRATE LIFE CONCERT SERIES, INC.

Current Principal Place of Business:

750 SW 63RD STREET ROAD
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

750 SW 63RD STREET ROAD
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3725577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLANAGAN, GREGORY S
2701 SE MARICAMP RD STE 104
OCALA, FL 34471 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: D () Delete
Name: JO, MARIE
Address: 750 SW 63RD STREET ROAD
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: BOWDEN, JOYCE
Address: 1704 SE 27TH LOOP
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: FLANAGAN, GREGORY S
Address: 2701 SE MARICAMP RD STE 104
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: COLLIER, DARYL
Address: 550 NE 25TH AVENUE
City-St-Zip: Ocala, FL 34470

Title: D () Delete
Name: CHUNG, PETER
Address: 1511 SW FIRST AVE, STE 200
City-St-Zip: Ocala, FL 34478

Title: D () Delete
Name: HAWK, CHERYL
Address: 1500 SE 17 ST, BLDG 600
City-St-Zip: Ocala, FL 34471

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:

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 exemption stated 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 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: MARIE JO

D

04/04/2009

Electronic Signature of Signing Officer or Director

Date