

2002 UNIFORM BUSINESS REPORT (UBR)

2/21

FILED
May 21, 2002 8:00 am
Secretary of State

02-19-2002 90058 019 ****61.25

DOCUMENT # N01000006102

1. Entity Name

CELEBRATION OF GRACE, INC.

Principal Place of Business

318 HAMILTON SHORE DR. NORTH
 WINTER HAVEN FL 33884

Mailing Address

318 HAMILTON SHORE DR. NORTH
 WINTER HAVEN FL 33884

21164



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2238918

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DANTZLER, SUSAN
 318 HAMILTON SHORE DR, NORTH
 WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

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: *[Signature]*

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE: 1/23/02

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DANTZLER, SUSAN	318 HAMILTON SHORE DR, NORTH	WINTER HAVEN FL 33884	<input type="checkbox"/>
D	CARDEN, JUDY	45 LAKE LINK CIR, SE	WINTER HAVEN FL 33884	<input checked="" type="checkbox"/>
D	HAFNER, KAREN	3970 LAKE NED CIR	WINTER HAVEN FL 33884	<input type="checkbox"/>
D	WOODS, PAULETTE	314 LAKE MARIAM BLVD	WINTER HAVEN FL 33884	<input checked="" type="checkbox"/>
D	COSCIA, BECKY	900 TWELVE OAKS DR	WINTER HAVEN FL 33880	<input type="checkbox"/>
D	FARTHING, MILLIE	1648 CRUMP RD	WINTER HAVEN FL 33884	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Vice President				<input type="checkbox"/>	<input type="checkbox"/>
Secretary				<input type="checkbox"/>	<input type="checkbox"/>
Treasurer				<input type="checkbox"/>	<input type="checkbox"/>
President				<input type="checkbox"/>	<input type="checkbox"/>

CF2E037 (9/01)

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: *[Signature]*

SIGNATURE REQUIRED

Signature of officer or director

1/23/02 863.284.9764

Date

Daytime Phone #