

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90027 011 ****61.25

DOCUMENT # N02000009872

1. Entity Name

JOSEPH SIMON CELY MINISTRIES INC.



Principal Place of Business

Mailing Address

2949 SWIFTON DR.
SARASOTA FL 34231

2949 SWIFTON DR.
SARASOTA FL 34231

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3205 Beneva Rd

3205 Beneva Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

City & State

Sarasota, FL

Sarasota, FL

Zip

Country

Zip

Country

34232

USA

34232

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CELY, ROSEMONDE
2949 SWIFTON DR
SARASOTA FL 34231

CEly, Rosemonde
3205 Beneva Rd
#201
Sarasota, FL 34232

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CELY, JOSEPH S	
STREET ADDRESS	2949 SWIFTON DR	
CITY- ST- ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	OCTAVIER, LUC L	
STREET ADDRESS	9108 LAKE LOTTA CIRCLE	
CITY- ST- ZIP	GOTHA FL 34734	
TITLE	D	<input type="checkbox"/> Delete
NAME	CELY, ROSEMONDE	
STREET ADDRESS	2949 SWIFTON DR	
CITY- ST- ZIP	SARASOTA FL 34231	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEly, Joseph S.	
STREET ADDRESS	3205 Beneva Rd #201	
CITY- ST- ZIP	Sarasota, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEly, Rosemonde	
STREET ADDRESS	3205 Beneva Rd #201	
CITY- ST- ZIP	Sarasota, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph S. Cely

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-07 941-927-0905

Date

Daytime Phone #