

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90024 001 ****61.25

DOCUMENT # N03000003358

1. Entity Name
CELEBRATION MINISTRIES, INC.



Principal Place of Business
1023 EDGEWOOD RANCH ROAD
ORLANDO, FL 32838

Mailing Address
1023 EDGEWOOD RANCH ROAD
ORLANDO, FL 32838

JUL 10 2005



DO NOT WRITE IN THIS SPACE

02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number
57-1165654

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEIGH, RICHARD A
1031 WEST MORSE BLVD., SUITE 350
WINTER PARK, FL 32789

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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 re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLLINS, CYNTHIA
1023 EDGEWOOD RANCH ROAD
ORLANDO, FL 32838

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLLINS, DAVID T
1023 EDGEWOOD RANCH ROAD
ORLANDO, FL 32838

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BONILLA, ELLIE
1592 SACKETT CIRCLE
ORLANDO, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Cynthia Collins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05 (407)294-1508

Date

Daytime Phone #