## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000005538

FILED May 03, 2004 Secretary of State

Entity Name: CELEBRATION MINISTRIES OF THE TREASURE COAST, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
2813 B ANI FT PIERCE	NE ST E, FL 34946				
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
2813 B ANI FT PIERCE	NE ST E, FL 34946				
FEI Number:	20-0603628	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
	NE ST E, FL 34946	US	rpose of changing its registe	ered office or registered agent, or both,	
in the State		and the statement of the par	, peace of aniang mg ne region		
SIGNATUR	RE:				
	Electron	ic Signature of Registered Agen	t	Date	
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () PUTNAM, DON 2813 B ANNE S FT PIERCE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () PUTNAM, SAND 2813 B ANNE S FT PIERCE, FL	Т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () PUTNAM, JACC 2813 B ANNE S FT PIERCE, FL	Т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () HEDDINGS, RA 2813 A ANNE S FT PIERCE, FL	Т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	( )	Delete	Address: 2813 AN	( ) Change (X) Addition GS, JOHN A INE ST # A IERCE, FL 34946 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DON PUTNAM P 05/03/2004