

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005538

FILED
Apr 28, 2005
Secretary of State

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

Current Principal Place of Business:

2813 B ANNE ST
FT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

2813 B ANNE ST
FT PIERCE, FL 34946

New Mailing Address:

FEI Number: 20-0603628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUTNAM, DON
2813 B ANNE ST
FT PIERCE, FL 34946 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: P () Delete
Name: PUTNAM, DON
Address: 2813 B ANNE ST
City-St-Zip: FT PIERCE, FL 34946

Title: V () Delete
Name: PUTNAM, SANDRA
Address: 2813 B ANNE ST
City-St-Zip: FT PIERCE, FL 34946

Title: V () Delete
Name: PUTNAM, JACOB
Address: 2813 B ANNE ST
City-St-Zip: FT PIERCE, FL 34946

Title: S () Delete
Name: HEDDINGS, RACHEL
Address: 2813 A ANNE ST
City-St-Zip: FT PIERCE, FL 34946

Title: T () Delete
Name: HEDDINGS, JOHN A
Address: 2813 ANNE ST # A
City-St-Zip: FORT PIERCE, FL 34946 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: KENDALL, RICHARD
Address: 1967 SW SYLVESTER LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: S (X) Change () Addition
Name: HEDDINGS, RACHEL L
Address: 2813 A ANNE ST
City-St-Zip: FT PIERCE, FL 34946

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RACHEL L HEDDINGS

S

04/28/2005

Electronic Signature of Signing Officer or Director

Date