

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005538

FILED  
Jan 05, 2006  
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:**

7101 ROBERTS ROAD  
FT PIERCE, FL 34951

**Current Mailing Address:**

2813 B ANNE ST  
FT PIERCE, FL 34946

**New Mailing Address:**

4828 N KINGS HIGHWAY  
207  
FT PIERCE, FL 34951

**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:**

PUTNAM, DON  
7101 ROBERTS ROAD  
FT PIERCE, FL 34951 US

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: DON PUTNAM

01/05/2006

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: KENDALL, RICHARD  
Address: 1967 SW SYLVESTER LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: S ( ) Delete  
Name: HEDDINGS, RACHEL L  
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: P (X) Change ( ) Addition  
Name: PUTNAM, DON  
Address: 7101 ROBERTS ROAD  
City-St-Zip: FT PIERCE, FL 34951

Title: V (X) Change ( ) Addition  
Name: PUTNAM, SANDRA  
Address: 7101 ROBERTS ROAD  
City-St-Zip: FT PIERCE, FL 34951

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

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

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 Chapter 119, 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 HEDDINGS

S

01/05/2006

Electronic Signature of Signing Officer or Director

Date