


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90018 005 \*\*\*\*61.25

**DOCUMENT # N03000007043**

1. Entity Name  
**CELEBRATION BAPTIST CHURCH OF MIDDLEBURG, INC.**



Principal Place of Business  
**1595 BAXLEY ROAD  
 MIDDLEBURG FL 32068  
 US**

Mailing Address  
**P. O. BOX 30546  
 DOCTORS INLET FL 32030  
 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number  
**59-3696738**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PETERS, FRANZ W  
 178 SIMMONS TRAIL W.  
 GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name  
**MICHAEL S. NABI**

Street Address (P.O. Box Number is Not Acceptable)  
**1851 ALBERTA COURT NORTH**

City  
**Middleburg, FL** Zip Code  
**32068**

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 *Michael S. Nabi* DATE **JANUARY 30, 2006**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	P	<input type="checkbox"/> Delete
NAME	NABI, MICHAEL S	
STREET ADDRESS	1851 ALBERTA COURT NORTH	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PETERS, FRANZ W	
STREET ADDRESS	178 SIMMONS TRAIL WEST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	G	<input type="checkbox"/> Delete
NAME	FONVIELLE, AUDREY	
STREET ADDRESS	146 OLD HARD ROAD	
CITY-ST-ZIP	ORANGE PARK FL 32003	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABI, MICHAEL S	
STREET ADDRESS	1851 ALBERTA COURT NORTH	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, DAVID	
STREET ADDRESS	4942 ALLIGATOR BLVD	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, ALAN	
STREET ADDRESS	1590 RAINBOW ROAD	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
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 *Audrey H. Fonvielle* Audrey H. Fonvielle