

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3696738**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, FRANZ W  
 178 SIMMONS TRAIL W.  
 GREEN COVE SPRINGS FL 32043

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*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**JANUARY 30, 2006**

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME **NABI, MICHAEL S**  
 STREET ADDRESS **1851 ALBERTA COURT NORTH**  
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **VP**  Change  Addition  
 NAME **NABI, MICHAEL S**  
 STREET ADDRESS **1851 ALBERTA COURT NORTH**  
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **VP**  Delete  
 NAME **PETERS, FRANZ W**  
 STREET ADDRESS **178 SIMMONS TRAIL WEST**  
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **C**  Delete  
 NAME **FONVIELLE, AUDREY**  
 STREET ADDRESS **146 OLD HARD ROAD**  
 CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Change  Addition  
 NAME **LEWIS, DAVID**  
 STREET ADDRESS **4942 ALLIGATOR BLVD**  
 CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **C**  Change  Addition  
 NAME **HOWARD, ALAN**  
 STREET ADDRESS **1590 RAINBOW ROAD**  
 CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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**