


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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/05)

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	
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NABI, MICHAEL S 1851 ALBERTA COURT NORTH MIDDLEBURG FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NABI, MICHAEL S 1851 Alberta Court North Middleburg FL 32068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERS, FRANZ W 178 SIMMONS TRAIL WEST GREEN COVE SPRINGS FL 32043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	G FONVIELLE, AUDREY 146 OLD HARD ROAD ORANGE PARK FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, DAVID 4942 ALLIGATOR Blvd Middleburg, FL 32068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Howard, Alan 1590 Rainbow Road Middleburg, FL 32068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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