## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 11, 2004 8:00 am Secretary of State

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DOCUMENT # N0300008440  1. Entity Name CHURCH OF GOD: CELEBRATION CHRISTIAN FELLOWSHIP, INC					08-11-2004 90003 031 ****70.00	
3566 LAURE	e of Business TTE LANE I, FL 33461	Mailing Address 3566 LAURETTE LANE LAKE WORTH, FL 33461			54067770	
2. Principal P	Place of Business	3. Mailing Address 3566 Law	rete has			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	······································		ng-NP CR2E037 (10/03)	
City & Stat	"wath Fla:	City & State		4. FEI Number 20-0	212507 Applied For Applicable	
Zip 34	160 Palm Gunte	zip 3346/	D. Beach	5. Certificate of St	\$2.75 Additional	
	6. Name and Address of Current/Re	gistered Agent	/	7. Name and Add	ress of New Registered Agent	
E07:1145:	- LCONÔF		Name /	Pidion	Resilien Treasurer	
	LE, LEONCE		Street Addres	s (P.O. Box Number is I		
3566 LAURETTE LANE  Street Address (P.O. Box Number is Not Acceptable)  LAKE WORTH, FL 33461						
2440 Hiawatha Rd						
City 1 Och FL Zip Code						
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.						
The Test of the state of the st						
SIGNATURE LEONGE PORTINGUE PRESIDE 1/3/104						
Signature, lyped or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Filing Fee is \$61.25 9. Election Campa  Pure by Sentember 8, 2004 Trust Fund Cont				\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
	ue by September 8, 2004					
10.	, OFFICERS AND DIRE		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	TPS ESTIMABLE, LEONCE	☐ Delete	TITLE NAME	$\circ$	☐ Change ☐ Addition	
STREET ADDRESS	3566 LAURETTE LANE			00 A		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP N	ew Good	as world Finance Sell	
TITLE	TV :	· Delete	TITLE		Change Addition	
NAME	ESTIMABLE, RELANGE		NAME	\	41 (0 12) 0	
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CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	<del></del>		
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CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP	aka 430	th 16-35460	
THILE	3.3	Delete	TITLE	at -	Change Addition	
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TITLE	1	☐ Delete	TITLE		Change Addition	
NAME	1		NAME			
STREET ADDRESS			STREET ADDRESS		Cla 774/0	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 attachperment an address, with all other like empowered.

SIGNATURE: LEONGE ESTIMABLE 1/3/104 Date Date Daytime Phone