## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000007313

JONES, DANIEL W

934 GREENLAWN DR.

CELEBRATION, FL 34747

Name:

Address:

City-St-Zip:

FILED Oct 23, 2005 Secretary of State

Entity Na	me: CELEBRATE CHURCH, INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
651 FRON CELEBRA	IT ST. TION, FL 34747			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
P.O. BOX CELEBRA	470424 TION, FL 34747			
	: FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation d I Address of Current Registered Agent	-	Certificate of Status Desired ( ) of New Registered Agent:	
	3	Hame and Address	or new registered Agent.	
	; JAMES N BRATION PLACE )			
	TION, FL 34747 US			
	named entity submits this statement for t e of Florida.	he purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE: JAMES N. CHARLES			
	Electronic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete SARAGUSA, JOSEPH D JR. 264 CELEBRATION BLVD CELEBRATION, FL 34747	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete CHRISMAN, ANDY 206 CELEBRATION BLVD. CELEBRATION, FL 34747	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete NANCE, WILLIAM C JR. 604 CANNE PLACE CELEBRATION, FL 34747	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH SARAGUSA Ρ 10/23/2005