

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90349 001 ****70.00

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1. Entity Name
VETERANS CELEBRATION INC.

Principal Place of Business
**3911 VILAS GREEN CIRCLE
LONGWOOD, FL 32779**

Mailing Address
**3911 VILAS GREEN CIRCLE
LONGWOOD, FL 32779**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006

Chg-NP

CR2E037 (11/05)

4. FEI Number

20-0672565

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAY, PAUL
3911 VILAS GREEN CIRCLE
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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** ☐ Delete
NAME **HAY, PAUL G**
STREET ADDRESS **3911 VILAS GREEN CIRCLE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **V** ☐ Delete
NAME **KOPKE, SALLY A**
STREET ADDRESS **994 E. ALTAMONTE DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **ST** ☐ Delete
NAME **LUTZ, JERRY**
STREET ADDRESS **747 FRIAR ROAD**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** ☐ Delete
NAME **DENTON, EARLE**
STREET ADDRESS **1017 GRAND PASEO**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **D** ☐ Delete
NAME **MULDER, RUTH**
STREET ADDRESS **1800 MERCY DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE **D** ☐ Delete
NAME **ROBINSON, JERRY**
STREET ADDRESS **665 WREN DRIVE**
CITY-ST-ZIP **CESSLEBERRY, FL 32825**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #