

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004509

FILED
Apr 29, 2009
Secretary of State

Entity Name: CELESTIAL COMMUNITY DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

5123 E. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7593
TAMPA, FL 33673

New Mailing Address:

FEI Number: 20-3054749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAHAM, BOLARINWA CEO
11323 HOLLYGLEN DR
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOLARINWA, ABRAHAM G CEO
Address: 11323 HOLLYGLEN DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: WEBSTER, ADRIENE
Address: 1014B CARRIN DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: DS () Delete
Name: AKINRIMISI, FIXSON
Address: 5123 E. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: BOLARINWA, CAROLINE
Address: 11323 HOLLYGLEN DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: BARTON, FREDDY
Address: 9415 BLACK THORN LOOP
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: ABRAHAM BOLARINWA

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date