

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007453

FILED
May 05, 2006
Secretary of State

Entity Name: CELESTIAL HAPPENINGS MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 360185
MELBOURNE, FL 32936

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 360185
MELBOURNE, FL 32936

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOLINDANO, DORIS
3010 FOUNTAINHEAD CIRCLE #135
MELBOURNE, FL 32934 US

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: V () Delete
Name: MENDEZ, GERTRUDE
Address: 1163 MANITOBA ST.
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: MENDEZ, PAULA
Address: 3010 FOUNTAINHEAD CIR. #135
City-St-Zip: MELBOURNE, FL 32934

Title: T () Delete
Name: HOLUB, TIFFANY
Address: 3010 FOUNTAINHEAD CIR. #135
City-St-Zip: MELBOURNE, FL 32934

Title: P () Delete
Name: GOLINDANO, DORIS FOUNDER
Address: 3010 FOUNTAINHEAD CIRCLE #135
City-St-Zip: MELBOURNE, FL 32934

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DORIS GOLINDANO

P

05/05/2006

Electronic Signature of Signing Officer or Director

Date