


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009142	
1. Entity Name CELEBRATION CHRISTIAN CHURCH OF HAVANA, INC.	

Principal Place of Business 95 RANDOLPH ROAD HAVANA, FL 32333	Mailing Address POST OFFICE BOX 824 HAVANA, FL 32333
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0487407	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RANDOLPH-BOONE, EFFIE
95 RANDOLPH ROAD
HAVANA, FL 32333

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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDOLPH-BOONE, EFFIE 95 RANDOLPH ROAD HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASP GREEN, ELLEN 182 ASTOR AVENUE QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RANDOLPH, FREDERICK 3397 BAINBRIDGE ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANDOLPH, HOWARD 7041 HAVANA HIGHWAY HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/07-80031-011 61.25

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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: *Effie Randolph Boone* **4-6-07** **850-539-8422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #