

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005458

FILED
Mar 30, 2009
Secretary of State

Entity Name: UNITED PARISH OF CELEBRATION, INC.

Current Principal Place of Business:

510 CAMPUS ST., CELEBRATION SCHOOL
CELEBRATION SCHOOL CAFETERIA
CELEBRATION, FL 34747

New Principal Place of Business:

510 CAMPUS ST., CELEBRATION SCHOOL
CELEBRATION SCHOOL CAFETERIA
CELEBRATION, FL 34747 US

Current Mailing Address:

P.O. BOX 470522
CELEBRATION, FL 34747

New Mailing Address:

P.O. BOX 470522
CELEBRATION, FL 34747 US

FEI Number: 82-0560502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, JAMES H. DR.
603 NADINA PLACE
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

DAVIS, JAMES H DR.
603 NADINA PLACE
CELEBRATION, FL 34747 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: JAMES H. DAVIS

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LARSON, DON
Address: 223 CELBRATION BLVD.
City-St-Zip: CELEBRATION, FL 34747

Title: T () Delete
Name: JAEHRLING, KARLHEINZ MR.
Address: 500 MIRASOL CIR., #202
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LARSON, DON MR.
Address: 223 CELBRATION BLVD.
City-St-Zip: CELEBRATION, FL 34747 US

Title: T (X) Change () Addition
Name: JAEHRLING, KARLHEINZ MR.
Address: 500 MIRASOL CIR., #202
City-St-Zip: CELEBRATION, FL 34747 US

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: JAMES H. DAVIS

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03/30/2009

Electronic Signature of Signing Officer or Director

Date