

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012339

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: CELEBRATING CHRIST MINISTRIES, INC

**Current Principal Place of Business:**

437 DORCHESTER STREET  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

**Current Mailing Address:**

437 DORCHESTER STREET  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

FEI Number: 26-1984385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JORDAN, JOHN E  
437 DORCHESTER STREET  
PORT CHARLOTTE, FL 33954 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: D ( ) Delete  
Name: JORDAN, JOHN E  
Address: 437 DORCHESTER STREET  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D ( ) Delete  
Name: JORDAN, JENNIFER L  
Address: 437 DORCHESTER STREET  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D ( ) Delete  
Name: GRAHAM, PHILIP W  
Address: 169 PALMETTO CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D ( ) Delete  
Name: BAILEY, TIFFANY  
Address: 22325 OMIE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D ( ) Delete  
Name: REUTER, CHERYL A  
Address: 2333 LEHIGH AVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

**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: JENNIFER L. JORDAN

D

04/10/2009

Electronic Signature of Signing Officer or Director

Date