

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010686

FILED
Sep 15, 2009
Secretary of State

Entity Name: CELEBRATE RECOVERY FOUNDATION, INC

Current Principal Place of Business:

2321 BAESEL VIEW DR
ORLANDO, FL 32835

New Principal Place of Business:

2321 BAESEL VIEW DR
ORLANDO, FL 32835 US

Current Mailing Address:

2321 BAESEL VIEW DR
ORLANDO, FL 32835

New Mailing Address:

2321 BAESEL VIEW DR
ORLANDO, FL 32835 US

FEI Number: 26-3764435 FEI Number Applied For () 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:

BETTER BUSINESS SERVICES, INC
1621 E HILLCREST ST.
ORLANDO, FL 32803 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: P () Delete
Name: COX, GLYNN D
Address: 2321 BAESEL VIEW DR
City-St-Zip: ORLANDO, FL 32835

Title: VO () Delete
Name: COX, PATERIA L
Address: 2321 BAESEL VIEW DR
City-St-Zip: ORLANDO, FL 32835

Title: S () Delete
Name: RUBY, SMITH C
Address: 13503 OLD DOCK RD,
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COX, GLYNN D
Address: 2321 BAESEL VIEW DR
City-St-Zip: ORLANDO, FL 32835 US

Title: VO (X) Change () Addition
Name: COX, PATERIA L
Address: 2321 BAESEL VIEW DR
City-St-Zip: ORLANDO, FL 32835 US

Title: S (X) Change () Addition
Name: RUBY, SMITH C
Address: 13503 OLD DOCK RD,
City-St-Zip: ORLANDO, FL 32828 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: GLYNN D. COX

P

09/15/2009

Electronic Signature of Signing Officer or Director

_____ Date