FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29914** **(1)**

1. Corporation Name

CELEBRATION BAPTIST CHURCH OF MILTON, FLORIDA, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 647 MILTON FL 32572	P.O. BOX 647 MILTON FL 32572

3. Date Incorporated or Qualified: 12/28/1988
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2917384 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1551 Berryhill Road	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Milton, FL	28 City & State
24 Zip: 32570 25 Country: USA	29 Zip 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEE, WILLIAM R 56045 ELIZABETH WAY MILTON FL 32570	81 Name: Lee, William R. 82 Street Address (P.O. Box Number is Not Acceptable) 83 5604 Elizabeth Way 84 City: Milton **FL** 85 Zip Code: 32570

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	VD	☒ Change ☐ Addition
NAME	MCKAY, BOB	12 NAME	FISHER, WILLIAM F.	
STREET ADDRESS	113 RIVER RANCH ROAD	13 STREET ADDRESS	723 MUNSON HIGHWAY	
CITY-ST-ZIP	MILTON FL	14 CITY-ST-ZIP	MILTON, FL 32570	
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	CRIDER, KEN	22 NAME	MCKAY, BOB	
STREET ADDRESS	913 BONNER AVENUE	23 STREET ADDRESS	4535 RIVER RANCH ROAD	
CITY-ST-ZIP	MILTON FL	24 CITY-ST-ZIP	MILTON, FL 32583	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	CHAMBERS, CAROL	32 NAME	NONE AT THIS TIME	
STREET ADDRESS	RT 7 BOX 122B	33 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	TD	☐ Change ☐ Addition
NAME	BANKESTER, SHARON	42 NAME	SAME	
STREET ADDRESS	106 KABEL DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

$ 4/26/19

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5-7-95 (904) 623-8310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072400