

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 26, 1999 8:00 am**  
**Secretary of State**

01-26-1999 90058 021 \*\*\*\*61.25

0079932

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N29914**

1. Corporation Name

**CELEBRATION BAPTIST CHURCH OF MILTON, FLORIDA, I  
NC.**

Principal Place of Business

C/O 5167 SEAGULL DR  
PACE FL 32571  
US

Mailing Address

P.O. BOX 4047  
MILTON FL 32572  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date incorporated or Qualified

12/28/1988

4. FEI Number

59-2917384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be  
Added to Fees**

9. Name and Address of Current Registered Agent

LEE, WILLIAM R  
5604 ELIZABETH WAY  
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *William R. Lee*  
Signature, typed or printed name of registered agent and title if applicable.

*William R. Lee*  
(NOTE: Registered agent signature required when reinstating)

1/11/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS CHAMBERS, CHRISTOPHER G  
CITY-ST-ZIP 5490 CHANTILLY CIRCLE  
MILTON FL 32571

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS CHAMBERS, WALTER  
CITY-ST-ZIP RT. 1, BOX 122-B  
MILTON FL

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS PRESTON, SHARON L  
CITY-ST-ZIP 5167 SEAGULL DR  
PACE FL

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS CALKINS, CHERYL  
CITY-ST-ZIP 306 PARK AVE NW #14  
MILTON FL 32570

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Sharon L. Preston* *Sharon L. Preston* 1/11/99 1/850-626-6431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)