FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

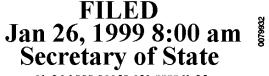
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N29914

1. Corporation Name

CELEBRATION RAPTIST CHURCH OF MILTON FLORIDA I

•	Principal Place of Busine
	C/O 5167 SEAGULL DR
	PACE FL 32571
	US



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NC.	ATION DAI 1101 OFIGITION O	i willion, reomba	•		•	
Principal Place	of Business	Mailing Address				
C/O 5167 SEA PACE FL 3257 US		P.O. BOX 4047 MILTON FL 32572 US				
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date incorporated or Qualifed
21		26				12/28/1988
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For S9-2917384 Not Applied be
22		27				
City & State	•	City & State				5. Certificate of Status Desired
23	Countries	28 7in	Col	untry		
Zip	Country	Zip		ariu y		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
24	9. Name and Address of Current	29 Pagistered Agent	30	_		10. Name and Address of New Registered Agent
	5. Name and Address of Current	Vehioreten Whenc		81	Name	
LEE, WILL				82	Street Ac	Address (P.O. Box Number is Not Acceptable)
	ABETH WAY			83		
MILTON F	L 325/0					
				84	City	FL 85 Zip Code
11. Pursuant office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	2 and 617.1508, Florida Statut of Florida. Such change was a ions of, Section 617.0503, Flo	les, the a authorized orida Stat	bove d by tutes	e-named co the corpora	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
SIGNATURE	William R. Le	<u>·e</u>	: Registered	π	IAM	eculted when refristating) DATE
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	<u> </u>	it signature teq	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	☐ DELETE	1.1 T	ITLE		☐ Change ☐ Additio
NAME	CHAMBERS, CHRISTOPHER G		1.2 N	AME		
STREET ADDRESS	5490 CHANTILLY CIRCLE		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	MILTON FL 32571		1.4 C	ITY-S	T-ZIP	·
TITLE	PD	☐ DELETE	2.1 T			☐ Change ☐ Additio
NAME	CHAMBERS, WALTER		2.2 N	IAME		·
STREET ADDRESS	RT. 1, BOX 122-B		2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	MILTON FL		2.40	CITY+S	T-ZIP	·
TITLE	TD	☐ DELETE	3.1 T			☐ Change · ☐ Additio
NAME	PRESTON, SHARON L		3.2 N	IAME		
STREET ADDRESS	5167 SEAGULL DR		3.3 S	TREE	ADDRESS	
CITY-ST-ZIP	PACE FL		3.4. 0	CITY-S	T-ZIP	
TITLE	SD	☐ DELETE	4.1 T	ITLE		☐ Change ☐ Additio
NAME	Calkins, Cheryl		4.21	NAME		
STREET ADDRESS	306 PARK AVE NW #14		4.3 S	TREE	ADDRESS	
CITY-ST-ZIP	MILTON FL 32570		4.4 C	ITY-S	T-ZIP	1,50
TITLE		☐ DELETE	5.1 T		1	☐ Change ☐ Additio
NAME			1	IAME		·
STREET ADDRESS			1		F ADDRESS	
CITY-ST-ZIP				TTY-S	T-ZIP	Change: Additio
TITLE		☐ DELETE	6.1 T			Li Change, Li Additio
NAME			- 1	IAME	r ADDOCCO	
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP			6.4 C	ITY-S	T-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: