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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38821** (7)

1. Corporation Name

PRaise CELEBRATION TABERNACLE, INC.

Principal Place of Business

Mailing Address

% STEPHEN T. KENNEDY
4159 MAJESTIC OAK LN.
BROOKSVILLE FL 34602

25350 POWELL RD.
BROOKSVILLE FL 34602



3. Date Incorporated or Qualified

06/27/1990

4. FEI Number

59-2954265

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **604 Decatur Ave**

22 City & State

27 City & State
Brooksville, Florida

23 Zip Country

28 Zip Country
34601 Herndon

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, STEPHEN T.
4159 MAJESTIC OAK LN.
BROOKSVILLE FL 34602

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

Stephen T. Kennedy
Signature, typed or printed name of registered agent and title if applicable.

President
(NOTE: Registered Agent signature required when reinstating)

1-15-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEDY, STEPHEN T.	
STREET ADDRESS	25350 POWELL RD.	
CITY-ST-ZIP	BROOKSVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEDY, GEORGE T.	
STREET ADDRESS	25350 POWELL RD.	
CITY-ST-ZIP	BROOKSVILLE FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEDY, ELIZABETH P.	
STREET ADDRESS	25350 POWELL RD.	
CITY-ST-ZIP	BROOKSVILLE FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

Stephen T. Kennedy
Signature and typed or printed name of signing officer or director

1-15-98 352-7549988
Date Daytime Phone #

CP2E037 (10/97)