

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42752

1. Entity Name
CELEBRATE AMERICA, INC.



Principal Place of Business
POST OFFICE BOX 12413
TALLAHASSEE, FL 32317-2413

Mailing Address
POST OFFICE BOX 12413
TALLAHASSEE, FL 32317-2413

FILED

06 APR -4 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3065563

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENSON, ALBERT C
2810 REMINGTON CIRCLE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name GUYTE P. McCORD, III

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

210 SOUTH MONROE STREET

City TALLAHASSEE

FL

Zip Code 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Guyte P. McCord, III

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

(NOTE: Registered Agent signature required when reinstating)

4/3/06

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE S/D
NAME THOMPSON, ALLISON MS
STREET ADDRESS 1900 CENTRE PT BLVD #97
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☒ Delete

TITLE PD
NAME HOLDER, WILLIAM SMITH
STREET ADDRESS 2035 WHITE ASH WAY
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☒ Delete

TITLE VPD
NAME HOLDER, PAULA J
STREET ADDRESS 2035 WHITE ASH WAY
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S/D
NAME EDWARDS, ASHLEY MS.
STREET ADDRESS 912 MYERS PARK DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Change ☒ Addition

TITLE PD
NAME BUBSEY, JANICE A.
STREET ADDRESS 3069 O'BRIEN DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32309 ☐ Change ☒ Addition

TITLE VPD
NAME BUBSEY, WILLIAM E.
STREET ADDRESS 3069 O'BRIEN DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32309 ☐ Change ☒ Addition

TITLE D
NAME CHAPMAN, DAVID
STREET ADDRESS 912 MYERS PARK DRIVE
CITY-ST-ZIP TALLAHASSEE, FLORIDA 32301 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janice A. Bubsey Janice A. Bubsey

3/31/06

(850)443-4803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #