2000 UNIFORM BUSINESS REPORT (UBR) 4/1: May 22, 2000 8:00 am Secretary of State **DOCUMENT # N46869** CELEBRATION BAPTIST WORSHIP CENTER, INC. 04-13-2000 90116 028 ****61.25 Mailing Address Principal Place of Business 4406 S FLORIDA AVE 4406 S. FLORIDA AVE. SUITE 17 STE 17 LAKELAND FL 33813 LAKELAND FL 33813-2182 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3101683 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, TED 3127 FOREST DR LAKELAND FL 33811 Zip Code City FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (9/99) DP Defete TITLE ☐ Change Addition TITLE CAROLYN SMITH NAME SMITH, TED NAME 3127 FOREST DR STREET ADDRESS STREET ADDRESS 3127 FOREST DR 33811 CITY-ST-ZIP LAKELAND CITY-ST-ZIP LAKELAND FL 33811 Change ☐ Addition TITLE ☐ Delete TITLE NAME PARKER, CINDY NAME STREET ADDRESS STREET ADDRESS 6835 LAKELAND HIGHLAND CRTY-ST-ZIP CITY-ST-7IP LAKELAND FL 33813 Addition ☐ Change D Delete TITLE TITI F HILL, ROBERT NAME NAME STREET ADDRESS 5847 COLONY PL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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.

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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4-9-2000

863-644-1130

☐ Change

Addition

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N46869)



CELEBRATION BAPTIST WORSHIP CENTER 4406 S. FLORIDA AVE. SUITE # 17 LAKELAND, FL 33813

404/064

April 9, 2000

TO WHOM IT MAY CONCERN

While the information of the form is correct as of the filling date <u>EFFECTIVE MAY 1, 2000</u> our place of business will be as follows:

Chapel Florida Baptist Children's Homes 1015 Sikes Blvd. Lakeland, Florida 33815 U. S.

All correspondence should be sent to the following address:

Celebration Baptist Worship Center % Rev. George Kaufinger 1623 Yeoman's Path Lakeland, Florida 33809 U.S.

(863) (853-3545)

Very truly yours,

Rev. George Kaufinger

Attachment

