

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90039 001 ****61.25

DOCUMENT # N46869

1. Entity Name

CELEBRATION BAPTIST WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

4406 S FLORIDA AVE
 STE 17
 LAKELAND FL 33913
 US

4406 S. FLORIDA AVE.
 SUITE 17
 LAKELAND FL 33813
 US

2. Principal Place of Business

1623 YEOMAN'S PATH

3. Mailing Address

1623 YEOMAN'S PATH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-3101683

Applied For

Not Applicable

Zip

Country

33809-5060

USA

Zip

Country

33809-5060

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, TED
3127 FOREST DR
LAKELAND FL 33811

Name

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

City

FL

Zip Code

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

Ted Smith **Ted Smith**

2-3-2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **SMITH, TED**
 STREET ADDRESS **3127 FOREST DR**
 CITY-ST-ZIP **LAKELAND FL 33811**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PARKER, CINDY**
 STREET ADDRESS **6835 LAKELAND HIGHLAND**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HILL, ROBERT**
 STREET ADDRESS **5847 COLONY PL DR**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SMITH, CAROLYN**
 STREET ADDRESS **3127 FOREST DR**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

Theodore A Smith **Theodore A Smith** **2-3-01** **863-644-1130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)