

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N46869

1. Entity Name

CELEBRATION BAPTIST WORSHIP CENTER, INC.



Principal Place of Business

1623 YEDMAN'S PATH
LAKELAND FL 33809-5060
US

Mailing Address

1623 YEDMAN'S PATH
LAKELAND FL 33809-5060
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3101683

Applied For

Not Applicable

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

SIGNATURE

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
Due By May 1, 2004

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000046108
CITY-ST-ZIP 02/11/04-80089-014 61.25

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

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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)(f), 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: *Ted Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8 2004 863-644-1130
Date Daytime Phone #