

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90011 013 \*\*\*\*61.25

**DOCUMENT # N46869**

1. Entity Name  
**CELEBRATION BAPTIST WORSHIP CENTER, INC.**



Principal Place of Business  
**3127 FOREST DRIVE  
LAKELAND, FL 33811 US**

Mailing Address  
**3127 FOREST DRIVE  
LAKELAND, FL 33811 US**

**00013300**



02172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3101683</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SMITH, TED  
3127 FOREST DR  
LAKELAND, FL 33811**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, TED 3127 FOREST DR LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, CINDY 6835 LAKELAND HIGHLAND LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CAROLYN 3127 FOREST DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** Ted Smith **Ted Smith Pres.** 2-17-06 863-644-1130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #