

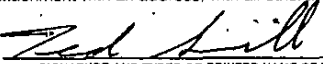


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N46869</b> 1. Entity Name <b>CELEBRATION BAPTIST WORSHIP CENTER, INC.</b>			
Principal Place of Business <b>3127 FOREST DRIVE LAKELAND, FL 33811 US</b>		Mailing Address <b>3127 FOREST DRIVE LAKELAND, FL 33811 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02262007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>59-3101683</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, TED 3127 FOREST DR LAKELAND, FL 33811</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>400000657357</b> <b>03/15/07-80018-015 61.25</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b>  <b>Ted Smith</b>		<b>2-28-07 863-644-1130</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	