

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



03232008 No Chg-NP

CR2E037 (4/06)

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

**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 renewing.)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000670699

04/09/08-80101-016 61.25

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24 2008 863-412-5654

Date

Daytime Phone #