2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N92000000523

1. Entity Name

CELEBRATE NEW LIFE TABERNACLE OUTREACH AND



Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90201 049 ****61.25

FILED

FAMILY WORSHIP CENTER, INC.	CO. N. T.		
Principal Place of Business	Mailing Address		
3050 AGAPE LANE TALLAHASSEE FL 32311	3050 AGAPE LANE TALLAHASSEE FL 32311		
2. Principal Place of Business - No P.O Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite. Apt. #, etc.		
City & State	City & State		



2. Principal Pl	. Principal Place of Business - No P.O Box # 3. Mailing Address						5-2	*** ==***					
Suite, Apt. #, etc. Suite. Apt. #, etc.			ite. Apt. #, etc.				1st MOORE CR2E037 (10/06)						
City & State Cit			y & State			4. FEI Number	59-3154	4820			plied For DI Applicable		
Zip		Country	Zip	Zip Country				5. Certificate of	Status Desir	red [8.75 Add ee Require	
	6. Name	and Address of Current	Registere	d Agent				7. Name and A	ddress of N	ew Regis	stered A	gent	
						Name							
HENDERSON, JOSEPH W 870 VIOLET STREET TALLAHASSEE FL 32308					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 little if applicable. (NOTE Registered Agent signature returned when reinstalling). DATE													
FILE NOW: FEE IS \$61.25 9. Due By May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	F			Payable nent of \$			
10.		OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHAN	IGES TO OF	FICERS	AND DIR	ECTORS IN	V 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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: Cynthia L. Henderson Cynthia L. Henderson