## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300000171 (9)

**FILED** Jun 02 1998 8:00am Secretary of State

CELEBRITY CHARITABLE EVENTS INC.						
Principal Place of Business		Mailing Address			\#341 ##1#1 41#11 E###1 (4## 1##4	
1044 PONTE V PONTE VEDRA		1044 PONTE VEDRA BLVI PONTE VEDRA FL 32082	D.		Date Incorporated or Qualified     01/13/1993     FEI Number	
					59-3198687	Applied For Not Applicable
2. Principal Place of Business 21		2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & Stat	e	City & State			7. Is this nonprofit corporation a homeowner	
Zip	Country	Zip	Cour	tru	<del></del>	□ No
24	25	29	30	ау	This corporation owes or has paid the cu     Personal Property Tax due June 30.	Jrrent year Intangible ☐ Yes ☐ No
	9. Name and Address of Curr		1001		10. Name and Address of New Registered	<u> </u>
			1	Name		
STOCKTON, JAMES R III			1	32 Street Add	ress (P.O. Box Number is Not Acceptable)	<del></del>
1	ONTE VEDRA BLVD.		L			<del>-</del>
PONTE	ve <b>dr</b> a fl 32082		[*	93		
× •			1	City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 617.09	502 and 617,1508. Florida Statu	ites, the ab	ove-named corr	poration submits this statement for the purpose of	<b>3</b> .
office or a	registered agent, or both, in the Sta im familiar-with, and accept the obli	ite of Florida. Such change was	authorized	by the cornoral	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE		-			4/2:	8/95/
GIGHATORE			TE Registered	Agent signature requi	red when reinstating) DATE	
12.	· <del>-/</del>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	OTOOKTON HAAFO D. (II	DELETE 1.11				☐ Change ☐ Addition
NAME OTREET ADDRESS	STOCKTON, JAMES R III 1044 PONTE VEDRA BLVD.		1.2 NAM			
STREET ADDRESS CITY-ST-ZIP	PONTE VEDRA FL 32082			EET ADDRESS '-ST-ZIP		
TITLE	D	DELETE	2.1 TITL			☐ Change ☐ Addition
NAME	<b>B</b> ELLINGRATH, BRAD		2.2 NAM	IE		
STREET ADDRESS	1044 PONTE VEDRA BLVD.		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL 32082			Y-ST-ZIP		
TITLE	D	L] DELETE	3.1 TITL			Change Addition
NAME	WILLIAMSON, TIM		3.2 NAN			
STREET ADDRESS	1044 PONTE VEDRA BLVD. PONTE VEDRA FL 32082			EET ADORESS		
CITY-ST-ZIP TITLE	POINTE YEURA FL 32002	DELETE	4.1 TITE	Y-ST-ZIP		Change Addition
NAME			4. 2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				'-ST-ZiP		
TITLE		DELETE	5.1 TITL	E		Change Addition
NAME			5.2 NAN	IE .		
STREET ADDRESS			5.3 STR	eet address		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE	6.1 TITL	1	2000025478	Change Addition
NAME			6.2 NAN		-06/04/98010700	05 V/W
STREET ADORESS			■ 6.3 STR	ET ADORESS	recognition to the fact that t	1 671

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

4/28/88