

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000171

FILED
Apr 30, 2004
Secretary of State

Entity Name: CELEBRITY CHARITABLE EVENTS INC.

Current Principal Place of Business:

117 1ST AVE NORTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

PO BOX 285
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 59-3198687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOCKTON, JAMES R III
1044 PONTE VEDRA BLVD.
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

STOCKTON, JAMES R
1044 PONTE VEDRA BLVD.
PONTE VEDRA, FL 32082 US

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.

SIGNATURE: JAMES R STOCKTON

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STOCKTON, JAMES R III
Address: 1044 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA, FL 32082

Title: D () Delete
Name: BELLINGRATH, BRAD
Address: 1044 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA, FL 32082

Title: D () Delete
Name: WILLIAMSON, TIM
Address: 1044 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA, FL 32082

Title: D () Delete
Name: HANDBURY, MARK
Address: 1044 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: OLSEN, MARK
Address: 395 POWELL CHAPEL RD
City-St-Zip: VILLA RICA, GA 30180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STOCKTON, JAMES R
Address: 1044 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R STOCKTON

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date