2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# N94000004549

Entity Name: CELEBRATE PINELLAS PARK, INC.

Current Principal Place of Business:

5635 PARK BLVD
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

5635 PARK BLVD
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 59-3347088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HODGES, NANCY
6825 38TH STREET NORTH
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BICKNELL, WILBUR
Address: 5635 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: SD ( ) Delete
Name: BUTLER, CAROL
Address: 5635 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: VD ( ) Delete
Name: HODGES, NANCY
Address: 5635 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: VD ( ) Delete
Name: SCAVELLI, MICHAEL
Address: 5635 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: TD ( ) Delete
Name: SAMUELS, BEVERLY
Address: 5635 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

Title: VD ( ) Delete
Name: BUTLER, RICKY
Address: 5635 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 exemption stated 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 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: BEVERLY SAMUELS TD 01/15/2008

Electronic Signature of Signing Officer or Director Date