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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**1998**DOCUMENT #

MITCHELL, JOHN C

SUITE 210 ORLANDO FL 32804

221 NE IVANHOE BLVD

N9400005748 (8)

CELEBRATION CHURCH LAKE MARY, INC. LAKE MARY, FL ORIDA

Principal Place of Business Mailing Address **CELEBRATION CHURCH LAKE MARY CELEBRATION CHURCH LAKE MARY** 3. Date Incorporated or Qualified 126 W. LAKEVIEW AVE 126 W. LAKEVIEW AVE 11/17/1994 LAKE MARY FL 32746 LAKE MARY FL 32746 4. FEI Number Applied For 59-3281541 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 🗶 No 23 Country 8. This corporation owes or has paid the current year Intangible Zip Country Zip ☐ Yes Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE NAME BAILEY, TRINA 1.2 NAME **602 NIGHTHAWK CIRCLE** 1.3 STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE R ROGER Campbell 2.2 NAME GORMAN, BARBARA NAME 604 HOLDROOK CIX 2.3 STREET ADDRESS 211 E. FLOYD AVENUE STREET ADDRESS LAKE MARY FL 32748 2.4 CITY-ST-2IP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE STURM, RAY NAME **133 MORNING GLORY DR** 3.3 STREET ADDRESS STREET ADDRESS LAKE MARY FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITI F 4.2 NAME NAME SMITH, TOM **1528 MOCKINGBIRD LANE** 4.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME BENDER, MARY A NAME 2045 SOMERSET CT 5.3 STREET ADDRESS STREET ADDRESS **SANFORD FL** 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

14. Thereby 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.

CICNIATURE.

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West History

1/0/92

407-321-0210

**FILED** 

Mar 09 1998 8:00am

Secretary of State

CR2E037 (10/97)