


FILED
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Secretary of State

04-27-1999 90030 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005748

1. Corporation Name
CELEBRATION CHURCH LAKE MARY, INC. LAKE MARY, FL ORIDA

Principal Place of Business CELEBRATION CHURCH LAKE MARY 126 W. LAKEVIEW AVE LAKE MARY FL 32746	Mailing Address CELEBRATION CHURCH LAKE MARY 126 W. LAKEVIEW AVE LAKE MARY FL 32746
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/17/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3281541
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip Country	29 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent MITCHELL, JOHN C 221 NE IVANHOE BLVD SUITE 210 ORLANDO FL 32804	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREIDENBACH, MICHAEL	1.2 NAME	# D
STREET ADDRESS	407 LOBLOLLY CT	1.3 STREET ADDRESS	Same
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	# D
NAME	CAMPBELL, ROGER MD	2.2 NAME	Same
STREET ADDRESS	604 HOLBROOK CIR	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	LAKE MARY FL 32746	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	# D
NAME	NETTLES, ALLAN	3.2 NAME	Same
STREET ADDRESS	2805 2 OREGON AVE	3.3 STREET ADDRESS	Same
CITY-ST-ZIP	SANFORD FL 32771	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURM, RAY	4.2 NAME	
STREET ADDRESS	133 MORNING GLORY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUBB, KEVIN	5.2 NAME	# D
STREET ADDRESS	737 SILVERSMITH CIR	5.3 STREET ADDRESS	Same
CITY-ST-ZIP	LAKE MARY FL 32746	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Lee Atkins
STREET ADDRESS		6.3 STREET ADDRESS	804. Brightwater Circle
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Maitland, FL 32751

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4-13-99 (407) 321-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)