

DOCUMENT # N94000005748

1. Entity Name

CELEBRATION CHURCH LAKE MARY, INC. LAKE MARY, FL

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90030 008 ****61.25

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 32746-2912
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3281541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MITCHELL, JOHN C
221 NE IVANHOE BLVD
SUITE 210
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name *Mitchell, John C.*
Street Address (P.O. Box Number is Not Acceptable) *1699 Lee Road Suite 405*
City *Winter Park* **FL** Zip Code *32789*

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BREIDENBACH, MICHAEL
STREET ADDRESS	407 LOBLOLLY CT
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, ROGER MD
STREET ADDRESS	604 HOLBROOK CIR
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	D <input type="checkbox"/> Delete
NAME	NETTLES, ALLAN
STREET ADDRESS	2805 2 OREGON AVE
CITY-ST-ZIP	SANFORD FL 32771
TITLE	D <input type="checkbox"/> Delete
NAME	ATKINS, LEE
STREET ADDRESS	804 BRIGHTWATER CIRCLE
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	D <input type="checkbox"/> Delete
NAME	CHUBB, KEVIN
STREET ADDRESS	737 SILVERSMITH CIR
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 2-17-00 Daytime Phone #: 407-321-0210

CR2E037 (9/99)