

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0023113

DOCUMENT # N94000005748

1. Entity Name

CELEBRATION CHURCH LAKE MARY, INC. LAKE MARY, FL

03-09-2001 90471 023 ****61.25

Principal Place of Business

Mailing Address

**CELEBRATION CHURCH LAKE MARY
 126 W. LAKEVIEW AVE
 LAKE MARY FL 32746**

**CELEBRATION CHURCH LAKE MARY
 126 W. LAKEVIEW AVE
 LAKE MARY FL 32746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3281541

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, JOHN C
 2699 LEE RD
 STE 405
 WINTER PARK FL 32789**

Name

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

City

FL

Zip Code

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.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BREIDENBACH, MICHAEL	
STREET ADDRESS	407 LOBLOLLY CT	
CITY-ST-ZIP	LONGWOOD FL 32750	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Kevin Chubb, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01

(407)321-0210

Date

Daytime Phone #

CR2E037 (10/00)