2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

08-14-2008 90002 050 ****61.25
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FILED
2008 SEP 18 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66016260

DOCUMENT # N96000001469

1. Entity Name
CELEBRATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
610 SYCAMORE STREET SUITE 110 CELEBRATION, FL 34747 US	610 SYCAMORE STREET SUITE 110 CELEBRATION, FL 34747 US

07022008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3370753 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERELSMAN, DAVID 238 ACADIA TERRACE CELEBRATION, FL 34747	Name Karl heinz Jaehrling Street Address (P.O. Box Number is Not Acceptable) 500 Mirasol circle # 202 City Celebration FL Zip Code 34747

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ July 3rd, 08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PP NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete BERELSMAN, DAVID 238 ACADIA TERRACE CELEBRATION, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	☑ Delete JAEHRLING, KARL 500 MIRASOL CIRCLE, # 202 CELEBRATION, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MCDONALD, DEBIE 402 IRIS STREET CELEBRATION, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete SWAGLER, CAROL ANNE 500 GREENBRIER AVENUE CELEBRATION, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete Lynn Sands 291 Celebration Boulevard Celebration, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lynn D Sands 8/28/08 407 973 1538
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #