

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 27, 2009  
Secretary of State

DOCUMENT# N96000001469

Entity Name: CELEBRATION FOUNDATION, INC.

**Current Principal Place of Business:**

610 SYCAMORE STREET  
SUITE 110  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

610 SYCAMORE STREET  
SUITE 110  
CELEBRATION, FL 34747 US

**New Mailing Address:**

FEI Number: 59-3370753      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KARLHEINZ, JAEHRLING  
500 MIRASOL CIRCLE  
#202  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PP ( ) Delete  
Name: BERELSMAN, DAVID  
Address: 238 ACADIA TERRACE  
City-St-Zip: CELEBRATION, FL 34747

Title: P ( ) Delete  
Name: JAEHRLING, KARL  
Address: 500 MIRASOL CIRCLE, # 202  
City-St-Zip: CELEBRATION, FL 34747

Title: T ( ) Delete  
Name: MCDONALD, DEBIE  
Address: 402 IRIS STREET  
City-St-Zip: CELEBRATION, FL 34747

Title: VP ( ) Delete  
Name: SWAGLER, CAROL ANNE  
Address: 500 GREENBRIER AVENUE  
City-St-Zip: CELEBRATION, FL

Title: S ( ) Delete  
Name: SANDS, LYNN  
Address: 231 CELEBRATION BLVD  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: JAEHRLING, KARLHEINZ  
Address: 500 MIRASOL CIRCLE, # 202  
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARLHEINZ JAEHRLING

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date