

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 20, 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:**SWAGLER, CAROL ANNE
500 GREENBRIER AVENUE
CELEBRATION, FL 34747 US

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: CAROL ANNE SWAGLER

05/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PP () Delete
Name: BERELSMAN, DAVID
Address: 238 ACADIA TERRACE
City-St-Zip: CELEBRATION, FL 34747Title: P () Delete
Name: JAEHRLING, KARLHEINZ
Address: 500 MIRASOL CIRCLE, # 202
City-St-Zip: CELEBRATION, FL 34747Title: T () Delete
Name: MCDONALD, DEBIE
Address: 402 IRIS STREET
City-St-Zip: CELEBRATION, FL 34747Title: VP () Delete
Name: SWAGLER, CAROL ANNE
Address: 500 GREENBRIER AVENUE
City-St-Zip: CELEBRATION, FLTitle: S () Delete
Name: SANDS, LYNN
Address: 231 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PP (X) Change () Addition
Name: JAEHRLING, KARLHEINZ
Address: 500 MIRASOL CIRCLE, #202
City-St-Zip: CELEBRATION, FL 34747Title: P (X) Change () Addition
Name: SWAGLER, CAROL ANNE
Address: 500 GREENBRIER AVENUE
City-St-Zip: CELEBRATION, FL 34747Title: T (X) Change () Addition
Name: JAMES, ROBERT (BOB)
Address: 1213 GREENE SQUARE
City-St-Zip: CELEBRATION, FL 34747Title: VP (X) Change () Addition
Name: MCDONALD, DEBIE
Address: 402 IRIS STREET
City-St-Zip: CELEBRATION, FL 34747Title: () 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: CAROL ANNE SWAGLER

P

05/20/2009

Electronic Signature of Signing Officer or Director

Date