FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 02 1998 8:00am
Secretary of State

DOCUMENT # N96000005461 (6)

1. Corporation Name

CELEBRATION OUTREACH PROGRAMS, INC.

Principal Place of Business	Mailing Address
671 S BROAD STREET BROOKSVILLE FL 34601 US	25350 POWELL ROAD BROOKSVILLE FL 34602

3. Date Incorporated or Qualified
10/24/1996

4. FEI Number
59-3411042
☐ Applied For
☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 604 Decatur Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Brooksville Florida
Zip 24	Country 25
	Zip 29 34601
	Country 30 Hernando

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KENNEDY, STEPHEN T
215 PONCE DE LEON BLVD.
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81	Name Kennedy, Stephen T
82	Street Address (P.O. Box Number is Not Acceptable)
83	604 Decatur Ave
84	City Brooksville FL 85 Zip Code 34601

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _(signature)_ President 1-15-98

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

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, STEPHEN T		1.2 NAME	
STREET ADDRESS	4159 MAJESTIC OAK LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, STEPHEN T II		2.2 NAME	
STREET ADDRESS	407 MAIN STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PRIOR, WILLIAM W JR.		3.2 NAME	
STREET ADDRESS	3227 CONVERSE AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, GEORGE T		4.2 NAME	
STREET ADDRESS	25350 POWELL ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BURT, GARY		5.2 NAME	
STREET ADDRESS	27126 SOULT ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _(signature)_ President 1-15-98 352 754 9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #