

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005985

FILED
May 17, 2005
Secretary of State

Entity Name: THE COMMUNITY CHURCH AT CELEBRATION, INC.

Current Principal Place of Business:

1180 CELEBRATION BLVD
STE 102
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

P.O BOX 470383
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 59-3498911 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARRIN, PATRICK
307 NORTH VILLAGE
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: ETD () Delete
Name: DETTMAN, PETER
Address: 765 CELEBRATION AVE
City-St-Zip: CELEBRATION, FL 34747

Title: EPD () Delete
Name: CARRIN, PATRICK
Address: 305 N. VILLGE STREET
City-St-Zip: CELEBRATION, FL 34747

Title: ED () Delete
Name: GRASSO, LOU
Address: 415 SYCAMORE STREET
City-St-Zip: CELEBRATION, FL 34747

Title: ED () Delete
Name: BAKER, JEFF
Address: 190 LONGVIEW AVE
City-St-Zip: CELEBRATION, FL 34747

Title: CFOD () Delete
Name: BAKER, LORI
Address: 190 LONGVIEW AVE
City-St-Zip: CELEBRATION, FL 34747

Title: ED () Delete
Name: SANDS, HOWARD A
Address: 472 WATER STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: GILLESPIE, STEPHEN
Address: 229 LONGVIEW AVE #5202
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:

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

Title: ED (X) Change () Addition
Name: LESTER, BRUCE
Address: 407 ARBOR CIRCLE
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LORI E. BAKER

CFOD

05/17/2005

Electronic Signature of Signing Officer or Director

Date