

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005985

FILED
Feb 20, 2007
Secretary of State

Entity Name: THE COMMUNITY CHURCH AT CELEBRATION, INC.

Current Principal Place of Business:

1809 CELEBRATION BLVD
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 ()

Name and Address of Current Registered Agent:

GRASSO, LOU DR.
415 SYCAMORE STREET
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: ELD () Delete
Name: HICKS, RICHARD
Address: 747 OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747

Title: ELD () Delete
Name: STARR, RICHARD
Address: 1310 S. LYNDELL DRIVE
City-St-Zip: KISSIMEE, FL 34741

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: LIVELSBERGER, THOMAS
Address: 907 MAIDEN STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ELD (X) Change () Addition
Name: GRASSO, LOU
Address: 415 SYCAMORE STREET
City-St-Zip: CELEBRATION, FL 34747

Title: ELD (X) Change () Addition
Name: BAKER, JEFF
Address: 190 LONGVIEW AVE
City-St-Zip: CELEBRATION, FL 34747

Title: TREA (X) Change () Addition
Name: BAKER, LORI E
Address: 190 LONGVIEW AVE
City-St-Zip: CELEBRATION, FL 34747

Title: ELD (X) Change () Addition
Name: MOLESKY, MATTHEW
Address: 9958 MOSS ROSE WAY
City-St-Zip: ORLANDO, FL 32832

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

TREA

02/20/2007

Electronic Signature of Signing Officer or Director

Date