2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005985

FILED Jan 20, 2008 Secretary of State

Entity Name: THE COMMUNITY CHURCH AT CELEBRATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1809 CELEBRATION BLVD CELEBRATION, FL 34747 **Current Mailing Address: New Mailing Address:** P.O BOX 470383 CELEBRATION, FL 34747 FEI Number: 59-3498911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRASSO, LOU DR HEINSCH, GREGG 415 SYCAMORE STREET 7143 LAKÉ CARLISEL BLVD US ORLANDO, FL 32839 CELEBRATION, FL 34747 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: GREGG HEINSCH 01/20/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ELD () Delete () Change () Addition HICKS, RICHARD Name: Name: 747 OAK SHADOWS ROAD Address: Address: CELEBRATION, FL 34747 City-St-Zip: City-St-Zip: Title: ELD () Delete Title: () Change () Addition STARR, RICHARD Name: Name: Address: 1310 S. LYNDELL DRIVE Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: ELD () Delete Title: ELD (X) Change () Addition GRASSO, LOU BAKER, JEFFREY T Name: Name: 415 SYCAMORE STREET Address: Address: 190 LONGVIEW AVENUE City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: CELEBRATION, FL 34747 () Delete (X) Change () Addition Title: ELD Title: TREA BAKER, JEFF Name: Name: BAKER, LORI E 190 LONGVIEW AVE Address: Address: 190 LONGVIEW AVENUE City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: CELEBRATION, FL 34747 Title: TREA (X) Delete Title: () Change () Addition BAKER, LORI E Name: Name: 190 LONGVIEW AVE Address: Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: Title: ELD (X) Delete Title: () Change () Addition MOLESKY, MATTHEW Name: Name: Address: 9958 MOSS ROSE WAY Address:

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.

City-St-Zip:

SIGNATURE: LORI E. BAKER TREA 01/20/2008

ORLANDO, FL 32832

City-St-Zip: