

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90377 018 \*\*\*\*61.25

**DOCUMENT # N97000006775**

1. Entity Name

CELEBRATION TABERNACLE, INC.



Principal Place of Business

1150 W KING ST  
COCOA FL 32922

Mailing Address

35 GRANDVIEW BLVD  
COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3494133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKFORD, ERROL  
35 GRANDVIEW BOULEVARD  
COCOA FL 32922

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete  
NAME BECKFORD, KIM  
STREET ADDRESS 35 GRANDVIEW BLVD  
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Debi McGoldrick**  
CITY-ST-ZIP **4325 Beacn Ave.**  
**Titusville, FL 32796**

TITLE ☐ Delete  
NAME BECKFORD, CLIVE  
STREET ADDRESS PIEDRAS ST  
CITY-ST-ZIP COCOA FL 32927

TITLE ☐ Change ☐ Addition  
NAME **T**  
STREET ADDRESS **Terri Pinkerton**  
CITY-ST-ZIP **1119 Manatee Dr**  
**Rockledge, FL 32955**

TITLE ☐ Delete  
NAME FRANKENFIELD, BRUCE  
STREET ADDRESS 5365 FISHTAIL PALM AVE  
CITY-ST-ZIP COCOA FL 32926

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Francis Bradley**  
CITY-ST-ZIP **427 Timberland Rd.**  
**Melbourne, FL 32940**

TITLE ☐ Delete  
NAME BLACK, EDDIE  
STREET ADDRESS LUCAS LANE  
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME FRANKENFIELD, TRACY  
STREET ADDRESS 5365 FISHTAIL PALM AVE  
CITY-ST-ZIP COCOA FL 32926

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME BECKFORD, ERROL  
STREET ADDRESS 35 GRANDVIEW BLVD  
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-28-04**