

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90075 047 ****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, 2005**

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Terri Pinkelton**
STREET ADDRESS **1119 MANATEE DR.**
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **Debi McGoldrick**
STREET ADDRESS **4325 Beacon AVE**
CITY-ST-ZIP **Titusville, FL 32**

TITLE **Director** ☐ Change ☒ Addition
NAME **FRANCIS Bradley**
STREET ADDRESS **427 Timber Lake Rd**
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE **Director** ☐ Change ☒ Addition
NAME **Buddy PARRISH**
STREET ADDRESS **7430 E N. Cocoa Blvd Apt. 205**
CITY-ST-ZIP **Cocoa, FL 32927**

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

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:

Kim M Beckford **Kim M Beckford**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/05