## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT (AR)**

## DOCUMENT # N97000006775 1. Entity Name



## **FILED** Apr 18, 2007 8:00 am Secretary of State

CELEBRATION TABERNACLE, INC.					04-18-2007 90182 029 ****61.25				
Principal Plac	co of Business	Mailing Address							
1010 DIXON BLVD P.O.		P.O. BOX 56 COCOA FL 32923							
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address		1 122WB1 616 12W	1881) eartt aeili seili	23111 2242 21111 129ti (622) 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suile, Apt. #, etc.		1st MOORE CR2E037 (10/06)				
City & State		City & State	City & State		FEI Number 59-	3494133	<u></u>	oplied For	
Zip	Country	Zip	Country	5.	Certificate of Status	Dosirod [	\$8.75 Add	ditional d	
	6. Name and Address of Curren	t Registered Agent		7.	Name and Address	s of New Regis	stered Agent		
-			Name	Name					
35	CKFORD, ERROL GRANDVIEW BOULEVARD COA FL 32922		Street Address (			(P.O. Box Number is Not Acceptable)			
			Citý				FL Zip Cod	le	
The above named entity submits this statement for the purpose of changing its register the obligations of registored agent.				or registered a	gent, or both, in the	State of Florida	ı. I am familiar with,	and accept	
ine obliga	nona orregiatored agom.								
SIGNATURE									
	Signature, typed or printed name of registered agen	at and title it applicable. (NOT	E. Registered Agent sign	ature required when	reinstaling)		DATE	·	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		E				
		I	. •	□ <b>\$5</b> .	.00 May Be ed to Fees		Check Payable Department of S		
10.	Due By May 1, 2007  OFFICERS AND D	Trust Fund (	. •	☐ Add	ed to Fees	Florida I		State	
	Due By May 1, 2007	Trust Fund (	Contribution.	ADDI D M.Ldre	ed to Fees TIONS/CHANGES T ed Holder rant St	Florida I	Department of S	State	
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indicated on this report or supplied with this limiting does not quality for the examptions contained in Section 119, Horida Statules. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Statules; 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