

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006775

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: CELEBRATION TABERNACLE, INC.

## Current Principal Place of Business:

1010 DIXON BLVD  
COCOA, FL 32922

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 56  
COCOA, FL 32923

## New Mailing Address:

FEI Number: 26-0383237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BECKFORD, ERROL  
35 GRANDVIEW BOULEVARD  
COCOA, FL 32922 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: VP ( ) Delete  
Name: BECKFORD, KIM  
Address: 35 GRANDVIEW BLVD  
City-St-Zip: COCOA, FL 32922

Title: S ( ) Delete  
Name: PICKELTON, TERRI  
Address: 1119 MANATEE DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: T ( ) Delete  
Name: MCGOLDRICK, DEBI  
Address: 4325 BEACON AVE  
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete  
Name: BLACK, EDDIE  
Address: LUCAS LANE  
City-St-Zip: COCOA, FL 32922

Title: D ( ) Delete  
Name: BRADLEY, FRANCIS MD  
Address: 427 TIMBER LAKE DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: P ( ) Delete  
Name: BECKFORD, ERROL  
Address: 35 GRANDVIEW BLVD  
City-St-Zip: COCOA, FL 32922

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change ( ) Addition  
Name: PINKELTON, TERRI  
Address: P.O.BOX 560181  
City-St-Zip: ROCKLEDGE, FL 32955

Title: S (X) Change ( ) Addition  
Name: TOWERY, VLERIE  
Address: 31 LITTLE JOHN LANE  
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: D (X) Change ( ) Addition  
Name: TURNER, SHOUNA  
Address: 6920 HUNDRED ACRE DRIVE  
City-St-Zip: COCOA, FL 32927

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

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.

SIGNATURE: KIM BECKFORD

VP

03/31/2009

Electronic Signature of Signing Officer or Director

Date