2003 NOT-FOR-PROFIT CORPORATION

Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N9700006775 04-21-2003 90398 039 ****61.25 CELEBRATION TABERNACLE, INC. Principal Place of Business Mailing Address 1150 W KING ST 35 GRANDVIEW BLVD **COCOA FL 32922** COCOA FL 32922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3494133 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECKFORD, ERROL Street Address (P.O. Box Number is Not Acceptable) 35 GRANDVIEW BOULEVARD COCOA FL 32922 City 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 :_ DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS:\$61,25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition ☐ Delete TITLE BECKFORD, KIM NAME NAME STREET ADDRESS 35 GRANDVIEW BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32922 ☐ Delete Change BECKFORD, CLIVE NAME NAME STREET ADDRESS STREET ADDRESS PIEDRAS ST - 27 ----CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32927 Delete TITLE HENDERSON, KYLE NAME NAME STREET ADDRESS STREET ADDRESS 109 HEDGEGROVE CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete nicentield - Change 315 Fishtail palm Ave BLACK, EDDIE NAME NAME STREET ADDRESS LUCAS LANE STREET ADDRESS CITY-ST-ZIP COCOA FL 32922 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME FADELY, TONY NAME STREET ADDRESS STREET ADDRESS INDIAN RIVER DR CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32922 Delete TITLE Change ☐ Addition NAME

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 propowered. changed, or on an attachment with an address, with all other like

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED