

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000549

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** COMMUNITY PRESBYTERIAN CHURCH IN CELEBRATION, FLORIDA, INC.

**Current Principal Place of Business:**

511 CLEBRATION AVE  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

511 CELEBRATION AVENUE  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 91-1822890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLINS, PAUL  
508 LONGMEADOW  
KISSIMMEE, FL 34747 US

**Name and Address of New Registered Agent:**

BRENLOVE, BARBARA C  
835 LAKE EVALYN DRIVE  
KISSIMMEE, FL 34747 US

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: BARBARA C BRENLOVE

04/27/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: COLLINS, PAUL  
Address: 504 CLONMEADOW CT  
City-St-Zip: CELEBRATION, FL 34747

Title: VT ( ) Delete  
Name: HANK, WAKE  
Address: 202 REDBUD STREET  
City-St-Zip: CELEBRATION, FL 34747

Title: ST ( ) Delete  
Name: DARROW, DAN  
Address: 404 ELDERBERRY CT  
City-St-Zip: CELEBRATION, FL 34747

Title: TT ( ) Delete  
Name: ROGERS, CHARLIE  
Address: 415 ARBOR CT  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: BRENLOVE, BARBARA C  
Address: 835 LAKE EVALYN DRIVE  
City-St-Zip: CELEBRATION, FL 34747

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

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

Title: TT (X) Change ( ) Addition  
Name: SWANSON, MICHELE  
Address: 204 NORFOLK PLACE  
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA C BRENLOVE

PT

04/27/2006

Electronic Signature of Signing Officer or Director

Date