2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N98000000549

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

Current Principal Place of Business:

511 CLELBRATION 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:

BRENLOVE, BARBARA C
835 LAKE EVALYN DRIVE
KISSIMMEE, FL 34747 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: PT ( ) Delete
Name: BRENLOVE, BARBARA C
Address: 835 LAKE EVALYN DRIVE
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: SWANSON, MICHELE
Address: 204 NORFOLK PLACE
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: TREASURER/MICHELE SWANSON MRS. 04/24/2007

Electronic Signature of Signing Officer or Director — Date