

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000549

FILED
Mar 04, 2009
Secretary of State

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 CLELBRATION AVE
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:

KONKEY, RICK
621 SYCAMORE ST
APT 5201
CELEBRATION, 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: GEORGE CRIPPEN

03/04/2009

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: HOWARD, JOSHUA
Address: 3243 HUNTWICKE BLVD
City-St-Zip: DAVENPORT, FL 33837

Title: ST/T () Delete
Name: ANDES, RICHARD
Address: 207 REDBUD STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: KONKEY, RICK
Address: 621 SYCAMORE ST APT 5201
City-St-Zip: CELEBRATION, FL 34747

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 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: GEORGE CRIPPEN

MR

03/04/2009

Electronic Signature of Signing Officer or Director

Date