

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90113 003 ****61.25

DOCUMENT # N98000005117

1. Corporation Name

CELEBRATION CHAPTER, SPEBSQSA, INC.

429572 - 90113 - 3 2

Principal Place of Business

35 VAGABOND LANE
WINTER HAVEN FL 33881

Mailing Address

35 VAGABOND LANE
WINTER HAVEN FL 33881



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/02/1998

4. FEI Number

59-3492126

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

NIELSEN, WALTER
15749 C.R. 455
MONTVERDE FL 34756

10. Name and Address of New Registered Agent

81 Name

Murphy, Timothy

82 Street Address (P.O. Box Number is Not Acceptable)

8000 Bridgestone Drive

83

84 City

Orlando

FL

85 Zip Code

32835

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Timothy Murphy

Timothy Murphy Secretary

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHAW, RICHARD M
STREET ADDRESS 35 VAGABOND LANE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE VPD
NAME LILES, KENNETH
STREET ADDRESS 35 VAGABOND LANE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE VPD
NAME COPP, AL
STREET ADDRESS 35 VAGABOND LANE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE SD
NAME NIELSEN, WALTER
STREET ADDRESS 35 VAGABOND LANE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE TD
NAME DENNIS, DON
STREET ADDRESS 35 VAGABOND LANE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VPD
2.2 NAME Parker, Douglas
2.3 STREET ADDRESS 3336 Hillmont Cir.
2.4 CITY-ST-ZIP Orlando, FL 32817

3.1 TITLE VPD
3.2 NAME COPP, Alan
3.3 STREET ADDRESS 2121 Litwornia Loop
3.4 CITY-ST-ZIP Winter Haven, FL 33881

4.1 TITLE SD
4.2 NAME Murphy, Timothy
4.3 STREET ADDRESS 8000 Bridgestone Drive
4.4 CITY-ST-ZIP Orlando, FL 32835

5.1 TITLE TD
5.2 NAME Dennis, Donald
5.3 STREET ADDRESS 8000 Bridgestone Drive
5.4 CITY-ST-ZIP Orlando, FL 32835

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy Murphy

April 22, 1999 407-292-8193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)