

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90232 039 ****61.25

DOCUMENT # N98000005117					
1. Entity Name CELEBRATION CHAPTER, SPEBSQSA, INC.-					
Principal Place of Business 11666 PURPLE LILAC CIR ORLANDO, FL 32837			Mailing Address P.O. BOX 701481 SAINT CLOUD, FL 34770-1481		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3492126	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDSON, MICHAEL 11666 PURPLE LILAC CIRCLE ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature			DATE		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPD NAME SHAW, RICHARD STREET ADDRESS 35 VAGABOND LN CITY - ST - ZIP WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Keown, Douglas STREET ADDRESS 9824 Waker Fern Cir. CITY - ST - ZIP Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME RICHARDSON, MICHAEL STREET ADDRESS 11666 PURPLE LILAC CIRCLE CITY - ST - ZIP ORLANDO, FL 32837	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HUYETT, RICHARD STREET ADDRESS 7732 WATER OAK CT. CITY - ST - ZIP KISSIMMEE, FL 347471970	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Robert H. Boatfield STREET ADDRESS 137 GRANDE Valencia Dr. #105 CITY - ST - ZIP Orlando, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME CLOUD, DAVID STREET ADDRESS P.O. BOX 701481 CITY - ST - ZIP SAINT CLOUD, FL 347701481	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered.					
SIGNATURE: David E. Cloud			11/4/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			407-892-7613		
Date			Daytime Phone #		