

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002940

1. Entity Name
CELEBRATION PLAYERS, INC.



Principal Place of Business
PO BOX 470303
CELEBRATION FL 34747

Mailing Address
PO BOX 470303
CELEBRATION FL 34747



02112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3574910

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, DEBRA E
402 IRIS STREET
CELEBRATION, FL 34747

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Debra E. McDonald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000072497
03/01/04-80113-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMERENA, FELICIA 15956 GREEN COVE BLVD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, BARBARA 202 NORTH VILLAGE STREET CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, JIM 280 CELEBRATION BLVD, APT 27111 CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMERENA, ROBERT 15956 GREEN COVE BLVD. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOVE, BETTYE 754 CENTERGATE DR. APT. 205 CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, DEBRA 402 IRIS STREET CELEBRATION, FL 34747

**DO NOT WRITE
IN THIS SPACE**

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: Debra E. McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04 407-566-8674

Date

Daytime Phone #