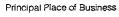
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000002940

1. Entity Name CELEBRATION PLAYERS, INC.

.._FILED Mar 01, 2004 08:00 AM Secretary of State



POBOX470303 CELESPATION FL 34747 Mailing Address

POBOX470303 CELEBRATION FL. 34747



02112004 No Chg-NP DO NOT WRITE IN THIS SPACE

CR2E037 (10/03)

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

	named entity submits this statement for the pur ions of registered agent. Dubur E. McOonal		or regi	istered agent, or bo	th, in the State of Florida. I am familiar with, and accept $2/26/04$
0.0.4(10).22	Signature, typed or printed name of registered agent and title if a	policable. (NOTE, Registered Agent sign	nature rec	ruired when reinstating)	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 U3/01/04-80113-014 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			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMERENA, ROBERT 15956 GREEN COVE BLVD. CLERMONT, FL 34711			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-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				2 - Z
12. I hereby	certify that the information supplied with this filin	g does not qualify for the exemption s	stated in	Section 119.07(3)((i), Florida Statutes. I further certify that the information

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: