

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000002940

1. Entity Name
CELEBRATION PLAYERS, INC.



Principal Place of Business
**202 N. VILLAGE ST
KISSIMMEE, FL 34747**

Mailing Address
**P O BOX 470303
CELEBRATION, FL 34747**



04262008 No Chg-NP

CR2E037 (4/06)

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

**CHEA-JUNGA, ALICIA
4036 HAWS LANE
ORLANDO, FL 32814**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000937781
05/27/08-80064-007 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
**S
BOWERS, BARBARA
202 NORTH VILLAGE STREET
CELEBRATION, FL 34747**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
CHEA-JUNGA, ALICIA
4036 HAWS LANW
ORLANDO, FL 32814**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Alicia Chea-Junga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr-29-2008
Date

Daytime Phone #