2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000004168

1. Entity Name
CELEBRATION FREE METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
6101 ARMENIA AVE N TAMPA, FL 33604	6101 ARMENIA AVE N TAMPA, FL 33604

04052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1854309
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BURKE, SEAN
16164 GARDENDALE DR.
TAMPA, FL 33624

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000158302
05/07/04-80016-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BURKE, SEAN
STREET ADDRESS	6101 ARMENIA AVE N
CITY-ST-ZIP	TAMP, FL 33604
TITLE	ST
NAME	HOOTEN, CATHY
STREET ADDRESS	6101 ARMENIA AVE N
CITY-ST-ZIP	TAMP, FL 33604
TITLE	T
NAME	MCPETERS, ERNEST
STREET ADDRESS	6101 ARMENIA AVE N "T"
CITY-ST-ZIP	TAMPA, FL 33604
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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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: _____ 4-13-04 813-876-4998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #