

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004168

FILED
Jan 30, 2007
Secretary of State

Entity Name: CELEBRATION FREE METHODIST CHURCH, INC.

Current Principal Place of Business:

6101 ARMENIA AVE N
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

6101 ARMENIA AVE N
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-1854309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, SEAN
16164 GARDENDALE DR.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BURKE, SEAN
Address: 6101 ARMENIA AVE N
City-St-Zip: TAMP, FL 33604

Title: ST () Delete
Name: HOOTEN, CATHY
Address: 6101 ARMENIA AVE N
City-St-Zip: TAMP, FL 33604

Title: T () Delete
Name: COLLISTER, JESS
Address: 6101 NORTH ARMENIA
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE HOOTEN

TRES

01/30/2007

Electronic Signature of Signing Officer or Director

Date