


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90277 028 \*\*\*\*61.25

**DOCUMENT # N99000005819**

1. Entity Name  
**CELEBRATE JESUS, INC.**



Principal Place of Business  
**2113 E SOUTH ST.  
SUITE 27A  
ORLANDO FL 32803**

Mailing Address  
**P.O. BOX 5018  
WINTER PARK FL 32793-5018**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-3606305**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAMER, CHARLES W  
1420 EDGEWATER DRIVE  
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLEDSON, TOM</b>	
STREET ADDRESS	<b>2907 LOLLSSA LANE</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMSON, DAVID REV</b>	
STREET ADDRESS	<b>3234 MCEWAN LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARROLL, PASTOR PASTOR</b>	
STREET ADDRESS	<b>1500 INT. SPEEDWAY BLVD</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HILL, TERRI</b>	
STREET ADDRESS	<b>13417 FOXHAVEN DRIVE NORTH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224-2003</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SWANSON, ROGER</b>	
STREET ADDRESS	<b>630 JAMAICA CIRCLE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>POOLE, ALAN FR.</b>	
STREET ADDRESS	<b>12A FERRY ROAD</b>	
CITY-ST-ZIP	<b>BRAY, BISRKSHIRE UK SL6-2-S</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bledson, Tom</b>	
STREET ADDRESS	<b>2907 Lolissa Lane</b>	
CITY-ST-ZIP	<b>Maitland Fl 32751</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William, David Rev</b>	
STREET ADDRESS	<b>10060 Marsh Pine Circle</b>	
CITY-ST-ZIP	<b>Orlando Fl 32832</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carroll, Mike Rev</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Swanson, Roger Dr.</b>	
STREET ADDRESS	<b>10 Brookside Court</b>	
CITY-ST-ZIP	<b>Ormond Beach, Fl 32174</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **March 26 03** 407-893-7305

CR2E037 (10/02)

Attachment

90065823

Celebrate Jesus, Inc

Document Number N99000005819

FEI Number 59-3606305

D

Mrs. Cathy Hatcher  
85 Lakeview Street  
Umatilla FL 32784

D

Mrs. Martha Gay Duncan  
3539 Ashling Drive  
Lakeland FL 33803

D

Rev Walter Monroe  
1320 University Avenue  
Gainesville FL 32603

D

Mr. Russ Graves  
2260 Front Street, Unit 204  
Melbourne FL 32901

D

Rev Eddie Murphy  
2900 NW 24 Avenue  
Ft Lauderdale FL 33311

D

Mrs. Susan Hulcher  
1901 Lk Margaret Dr  
Orlando FL 32806

D

Mrs. Cheryl Knight  
1320 51<sup>st</sup> Street West  
Bradenton FL 34209

D

Rev Doug Kokx  
950 7<sup>th</sup> Street  
Clermont FL 34711

D

Rev Aldo Martin'  
P.O. Box 2625  
Lakeland FL 33806