2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004
Secretary of State

DOCUMENT# N03000002490

Entity Name: A CELEBRATION OF FRIENDS, INC.

Current Principal Place of Business:

1525 SW 29TH COURT
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

1536 SW 29TH STREET
FORT LAUDERDALE, FL 33315

Current Mailing Address:

1525 SW 29TH COURT
FORT LAUDERDALE, FL 33315

New Mailing Address:

1536 SW 29TH STREET
FORT LAUDERDALE, FL 33315

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIARELLI, CHARLES
1525 SW 29TH COURT
FORT LAUDERDALE, FL 33315

Name and Address of New Registered Agent:

CHIARELLI, CHARLES
1536 SW 29TH STREET
FORT LAUDERDALE, FL 33315

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: CHARLES CHIARELLI 03/01/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PENCE, THOMAS
Address: 11357 CREEL CIRCLE
City-St-Zip: GULFPORT, MS 39503

Title: D ( ) Delete
Name: CHIARELLI, CHARLES
Address: 1525 SW 29TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D ( ) Delete
Name: BELL, LARRY
Address: 8028 SW 108TH LOOP
City-St-Zip: OCALA, FL 34481

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 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 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: THOMAS PENCE D 03/01/2004
Electronic Signature of Signing Officer or Director Date