

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001314

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: CEDAR GROVE POLICE RESERVE, INC.

**Current Principal Place of Business:**

1415 BAKER COURT  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

1415 BAKER COURT  
PANAMA CITY, FL 32401

**New Mailing Address:**

FEI Number: 59-3639124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HILL, R. MICHAEL  
1415 BAKER COURT  
PANAMA CITY, FL 32401 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: PD ( ) Delete  
Name: HILL, R. MICHAEL  
Address: 1415 BAKER COURT  
City-St-Zip: PANAMA CITY, FL 32401

Title: VD ( ) Delete  
Name: SMITH, PETE R  
Address: 3902 W 21ST ST  
City-St-Zip: PANAMA CITY, FL 32405

Title: STD ( ) Delete  
Name: HICKS, TIMOTHY  
Address: 814 TRANSMITTER ROAR  
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete  
Name: GILMORE, DARRIN D  
Address: 12044 BARR LANE  
City-St-Zip: FOUNTAIN, FL 32438

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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: R MICHAEL HILL

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date