2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2007 8:00 am Secretary of State DOCUMENT # N00000001316 1. Entity Name 04-20-2007 90084 022 ****61.25 CEDÁR GROVE DEVELOPMENT AND IMPROVEMENT CORPORATION Principal Place of Business Mailing Address 1415 BAKER CT. 1415 BAKER CT. PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3639127 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILL, R. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1415 BAKER COURT PANAMA CITY, FL 32401 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD ☐ Defete TITLE ■ Addition HILL, R. MICHAEL NAME NAME STREET ADDRESS 1415 BAKER CT. STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32401 CITY-ST-ZIP D Delete TITL F TITLE ☐ Addition ance Williu FERRICK, JOHN R NAME STREET ADDRESS 506 DAVID AVE. STREET ADDRESS 1415 BAKERCOU CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-ZIP Delete TITLE TITI F ■ Addition FUQUA, RUTH NAME NAME 10202 DAVENPORT AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE:

FILED