

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006656

FILED
Apr 30, 2007
Secretary of State

Entity Name: CEDAR RIVER CLUB OF JACKSONVILLE, INC.

Current Principal Place of Business:

5700 SAN JUAN AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7333
JACKSONVILLE, FL 32238

New Mailing Address:

FEI Number: 59-3544526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPHET, JUDITH L
4323 ORTEGA FARMS CIRCLE
JACKSONVILLE, FL 32210 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: PRES () Delete
Name: GRANT, PAUL A
Address: 5129 HARBOR POINT CIRCLE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: GILL, LARRY
Address: 10498 HAMLET TERRACE
City-St-Zip: JACKSONVILLE, FL 32221

Title: TREA () Delete
Name: PROPHET, JUDITH L
Address: 4323 ORTEGA FARMS CIRCLE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SECR (X) Delete
Name: RECKERT, KIMBERLY
Address: 8211 HOT SPRINGS DRIVE, SOUTH
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GRASS, RAYMOND
Address: 4413 ORTEGA FARMS CIRCLE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Change () Addition
Name: HIPPEN, DALE
Address: 5911 HYDE PARK CIRCLE
City-St-Zip: JACKSONVILLE, FL 32210

Title: TREA (X) Change () Addition
Name: HOWELL, CONNIE
Address: 5700 SAN JUAN AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

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: RAYMOND GRASS

P

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date