

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90207 039 ****70.00

DOCUMENT # 714066					
1. Entity Name CEDAR HILLS ATHLETIC ASSOCIATION, INC.					
Principal Place of Business 4337 WATOMA ST. P.O. BOX 14013 JACKSONVILLE, FL 32238-1013			Mailing Address 4337 WATOMA ST. P.O. BOX 14013 JACKSONVILLE, FL 32238-1013		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6216158	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PROVOST, DONALD 6743 SNOW WHITE DR JACKSONVILLE, FL 32210			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME EBREO, CHRIS <input checked="" type="checkbox"/> Delete		TITLE D	NAME Todd Herren <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 4602 ANVERS BLVD.	CITY-ST-ZIP JACKSONVILLE, FL 32210		STREET ADDRESS 6150 Connie Jean Rd.	CITY-ST-ZIP Jacksonville, FL 32222	
TITLE VP	NAME HERREN, KEITH VP <input type="checkbox"/> Delete		TITLE VP	NAME Keith Herren <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1532 QUAIL ROOST LN	CITY-ST-ZIP JACKSONVILLE, FL 32220		STREET ADDRESS 7732 Knoll Dr. S.	CITY-ST-ZIP Jacksonville, FL 32221	
TITLE P	NAME PROVOST, DONALD <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6743 SNOW WHITE DR.	CITY-ST-ZIP JACKSONVILLE, FL 32210		STREET ADDRESS 	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	NAME PROVOST, VALENCIA <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6743 SNOW WHITE DR	CITY-ST-ZIP JACKSONVILLE, FL 32210		STREET ADDRESS 	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME WILSON, WENDY <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4612 FREMONT ST	CITY-ST-ZIP JACKSONVILLE, FL 32210		STREET ADDRESS 	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	NAME TAYLOR, DENISE <input checked="" type="checkbox"/> Delete		TITLE T	NAME Melissa Korabaugh <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 6022 SUDBURY AVE	CITY-ST-ZIP JACKSONVILLE, FL		STREET ADDRESS 6776 Townsend Rd. # 70	CITY-ST-ZIP Jacksonville, FL 32244	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Donald Provost 2-5-05 (904) 245-6443					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					