

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714066

FILED  
Mar 21, 2008  
Secretary of State

**Entity Name:** CEDAR HILLS ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

4337 WATOMA ST.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 14013  
JACKSONVILLE, FL 322381013

**New Mailing Address:**

**FEI Number:** 59-6216158      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PROVOST, DONALD  
8142 KILKELLY LN S  
JACKSONVILLE, FL 32244      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: D      ( ) Delete  
Name: HERREN, TODD  
Address: 6150 CONNIE JEAN RD  
City-St-Zip: JACKSONVILLE, FL 32222

Title: VP      ( ) Delete  
Name: HERREN, KEITH VP  
Address: 7732 KNOLL DR S  
City-St-Zip: JACKSONVILLE, FL 32221

Title: P      ( ) Delete  
Name: PROVOST, DONALD  
Address: 8142 KILKELLY LN S  
City-St-Zip: JACKSONVILLE, FL 32244

Title: S      ( ) Delete  
Name: FRASCELLO, DAWN  
Address: 6340 FEDOR CT  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D      (X) Delete  
Name: NEWSOM, PAM  
Address: 7249 NORKA DR.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T      ( ) Delete  
Name: TAYLOR, DENISE  
Address: 6022 SUDBURY AVE  
City-St-Zip: JACKSONVILLE, FL 32210

**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:

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: DENISE TAYLOR

T

03/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date