2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 714066

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 ( )**

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: 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: T (X) Change ( ) Addition
Name: NEWSOM, PAMELA
Address: 7249 NORKA DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

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: PAMELA NEWSOM T 04/08/2009

Electronic Signature of Signing Officer or Director — Date