

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714066

FILED  
Apr 27, 2012  
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:**

NEWSOM, PAMELA P  
7249 NORKA DRIVE  
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:** P  
**Name:** PHILPOT, JOHN  
**Address:** 5036 MONROE SMITH  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** VP  
**Name:** HIPSHER, RICHARD VP  
**Address:** 6830 MOTHER GOOSE  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** S  
**Name:** HILL, AMANDA  
**Address:** 5249 HELM AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32244

**Title:** T  
**Name:** NEWSOM, PAMELA  
**Address:** 7249 NORKA DR  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** D  
**Name:** PROVOST, DONALD  
**Address:** 8142 KILKELLY LN S  
**City-St-Zip:** JACKSONVILLE, FL 32244

**Title:** D  
**Name:** HIPSHER, DONNA  
**Address:** 6830 MOTHER GOOSE  
**City-St-Zip:** JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

**SIGNATURE:** PAMELA P. NEWSOM

T

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date