FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:20

DOCUMENT # 728125 (6)

1. Corporation Name
CEDAR HILLS BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
4200 JAMMES RD. JACKSONVILLE FL 32210-7251	4200 JAMMES RD. JACKSONVILLE FL 32210-7251

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1973
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-0905226 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BLACKBURN, A.B. JR.
904 AMERICAN HERITAGE LIFE BLDG.,
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE		☐ Change ☐ Addition
NAME	CHERRY, FRANCES	1.2 NAME		
STREET ADDRESS	6304 SOLANDRA DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	JAX, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D AUDREY MIZELLE	☒ Change ☐ Addition
NAME	LAMUNYON, DONNA	2.2 NAME		
STREET ADDRESS	3804 ANVERS BLVD.	2.3 STREET ADDRESS	5400 LAMOYA AVE. UNIT 1	
CITY-ST-ZIP	JAX, FL 00000	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	PD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	JAMES ALFORD	3.2 NAME	RANDY COX	
STREET ADDRESS	4303 VICKSBURG AVENUE	3.3 STREET ADDRESS	4152 JAMMES ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	DTR	4.1 TITLE	DTR	☐ Change ☐ Addition
NAME	LONG, WILLIAM	4.2 NAME	JAMES SEIPLE	
STREET ADDRESS	4443 SHIRLEY AVE.	4.3 STREET ADDRESS	6232 SAGE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	VTR	5.1 TITLE		☐ Change ☐ Addition
NAME	POLK, TONY	5.2 NAME		
STREET ADDRESS	3931 HUNTERS LAKE CIRCLE E	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHN WARE	6.2 NAME		
STREET ADDRESS	4812 PALMER AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randy W. Cox 2/17/95 904-771-1145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RANDY COX

0028406