FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 728125

CEDAR HILLS BAPTIST CHURCH, INC.

Principal	Place	of	Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

4200 JAMMES RD. JACKSONVILLE FL 32210-7251

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

4200 JAMMES RD. JACKSONVILLE FL 32210-7251

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90018 016 ****61.25

3. Date incorporated or Qualifed

11/27/1973

59-0905226

4. FEI Number

2 2 2 2 3 3 3 3	City & State	9	City & State		-	5. Certifcate of Status Desired			
9. Name and Address of Current Registered Agent 10. Kame and Address of Kew Registered Agent 11. Name and Address of Kew Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name Address (P.O. Box Number is Not Acceptable) 14. Oity 15. Oity 15. Oity 16. Oity 17. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections 617 0502 and 617 0503. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections 617 0503. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections 617 0503. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections 617 0503. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections 617 0503. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections 617 0503. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the purpose of changing its registered agen	23		28	Cour					
9. Name and Address of Current Registered Agent 10. Name BLACKBURN AB JR 904 AMERICAN HERITAGE LIFE BLDG. JACKSONVILLE FL 82 Street Address (P.O. Box Number is Not Acceptable) 33 JACKSONVILLE FL 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am mailar with, and accept the obligation of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am mailar with, and accept the obligation of, Section 617,0502, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST. 2P NWE NWE NWE NWE MIZELLE, AUDREY STREET ADDRESS AND DIRECTORS IN 12 14. CITY ST. 2P TITLE D ORLETE 14. CITY ST. 2P JAK, FL. D0000 DELETE 14. TITLE D ORLETE 23. STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition WEERER WILLIAM 12. NWE MIZELLE, AUDREY 23. STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition WEERER WILLIAM 12. NWE D ORLETE 24. CITY ST. 2P JAK, FL. D0000 DELETE 34. CITY ST. 2P JACKSONVILLE FL. 32210 DELETE 35. STREET ADDRESS 34. CITY ST. 2P JACKSONVILLE FL. 32210 DELETE 41 TITLE DELETE 54 TITLE JC Change Addition Ware, John STREET ADDRESS 44. CITY ST. 2P JACKSONVILLE FL. DELETE 54 TITLE JC Change Addition Ware, John STREET ADDRESS 54 CITY ST. 2P JACKSONVILLE FL. DELETE 54 TITLE 35. CITY ST. 2P JACKSONVILLE FL. Change Addition 45 TITLE JC Change Addition 46 TITLE JC Change Addition 47 TITLE JC Change Addition 47 TITLE JC Change Addition 48 TITL			— ·	· —					
BLACKBURN, A.B. J.R. 904 AMERICAN HERITAGE LIFE 8LDG., JACKSONVILLE FL 13. 14. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, and accept the obligations of, Section 617,0502, Florida Statutes. 15. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the provisions of Sections 617,0502, Florida Statutes. 16. Pursuant to the provisions of Sections 617,0502 and 617,0502, Florida Statutes. 17. Pursuant to the provisions of Sections 617,0502 and 617,0502, Florida Statutes. 18. Pursuant to the provisions of Sections 617,0502 and 617,0502, Florida Statutes. 19. Pursuant to the provisions of Sections 617,0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. An appointment as	24			130					
BLACKBURN, A.B. J.R. 904 AMERICAN HERITAGE LIFE BLDG., JACKSONVILLE FL 94 City FL 95 Time the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 617,0502 and 617,1508, Florida Statutes. IGNATURE 90		V. Maille and Address of Curre	it registered Agent		81 Nam				
304 AMERICAN HERITAGE LIFE BLDG. JACKSONVILLE FL 11. Pursuant to the provisions of Sections \$17,0502 and \$17,1508, 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, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. NAME NEWTON, JOSEPH R 12. NAME 12. NAME 13. NAME NEWTON, JOSEPH R 12. NAME NEWTON, JOSEPH R 13. STREET ADDRESS 14. CITY-ST-2P JACKSONVILLE FL 32210 TITLE D Change Addition NAME MIZELLE, AUDREY 22. MARE 33. STREET ADDRESS 44. CITY-ST-2P JACKSONVILLE FL 32210 TITLE D CHANGE NAME MESTER, AUDRESS 44. CITY-ST-2P JACKSONVILLE FL 32210 ACKSONVILLE FL 32210 TITLE DR NAME JOHN WARE 33. STREET ADDRESS 34. CITY-ST-2P JACKSONVILLE FL DELETE 51. TITLE JOHN WARE 34. CITY-ST-2P JACKSONVILLE FL DELETE 51. TITLE JOHN WARE 35. TITLE ADDRESS 36. CITY-ST-2P ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TO HAMP Addition NAME NAM									
JACKSONVILLE FL 11. Pursuant to the provisions of Sections 617.0502 and 617.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of majorized agent and the if applicable. (NOTE Repatitive Agent signature requires when retrotating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITIME DATE 12. ITIME 12. ITIME 12. INTUE 12. ITIME 12. INTUE 13. TITLE 14. INTUE 14. INTUE 14. INTUE 15. INTUE 15. INTUE 15. INTUE 16. Change 16. Addition 17. INTUE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. INTUE 10. INTUE 12. INTUE 12. INTUE 12. INTUE 12. INTUE 12. INTUE 12. INTUE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. INTUE 13. STREET ADDRESS 14. CITY-5T-2P 14. CITY-5T-2P 15. INTUE 15. INTUE 16. INTUE 17. INTUE 18. INTUE 18. INTUE 18. INTUE 19.	904 AMERICAN HERITAGE LIFE BLDG.,				82 Stre	eet Address (P.O. Box Number is Not Acceptable)			
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11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of 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 617,0503, Florida Statutes. SIGNATURE Signature, Typed or privide name of registered agent and the # apposituate. (MOTE Registered Agent algorithm rejurned when relicating) DAFE					83				
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CITY-ST-ZIP 64 CITY-ST-ZIP	NAME								
G17-31-2F 14	STREET ADDRESS					595			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP	<u> </u>							

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, with all other like empowered.

SIGNATURE:

Applied For

Not Applicable