

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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

DOCUMENT # 728125

1. Corporation Name

CEDAR HILLS BAPTIST CHURCH, INC.

Principal Place of Business

4200 JAMMES RD.
JACKSONVILLE FL 32210-7251

Mailing Address

4200 JAMMES RD.
JACKSONVILLE FL 32210-7251



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

11/27/1973

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

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 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, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	NEWTON, JOSEPH R	
STREET ADDRESS	4152 JAMMES RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	☐ DELETE
NAME	MIZELLE, AUDREY	
STREET ADDRESS	5400 LAMOYA AVE UNIT 1	
CITY-ST-ZIP	JAX, FL 00000	
TITLE	D	☐ DELETE
NAME	WEBER, WILLIAM	
STREET ADDRESS	3737 BRAMBLE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DR	☐ DELETE
NAME	MCGRIFF, LORRIANE	
STREET ADDRESS	4539 ARTHUR DURHAM DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	☐ DELETE
NAME	JOHN WARE	
STREET ADDRESS	4812 PALMER AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	McGriff, Lorraine
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	Ware, John
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director
Francis Cherry

4/6/99 (904) 771-1145

CR2E037 (1/98)