

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728125

FILED
Apr 29, 2005
Secretary of State

Entity Name: CEDAR HILLS BAPTIST CHURCH, INC.

Current Principal Place of Business:

4200 JAMMES RD.
JACKSONVILLE, FL 322107251

New Principal Place of Business:

Current Mailing Address:

4200 JAMMES RD.
JACKSONVILLE, FL 322107251

New Mailing Address:

FEI Number: 59-0905226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKBURN, A.B. JR.
904 AMERICAN HERITAGE LIFE BLDG.,
JACKSONVILLE, FL 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: PD () Delete
Name: BENNETT, WALTER
Address: 4028 TURNBERRY CT.
City-St-Zip: JACKSONVILLE, FL 32225

Title: DT () Delete
Name: WEBER, WILLIAM
Address: 3737 BRAMBLE RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: DR () Delete
Name: MCGRUFF, LORRAINE
Address: 4539 ARTHUR DURHAM DR
City-St-Zip: JACKSONVILLE, FL

Title: S () Delete
Name: CHERRY, FRANCES
Address: 6304 SOLANDRA DR
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EPPERSON, MARK
Address: 4200 JAMMES ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON E. COLE

SEC

04/29/2005

Electronic Signature of Signing Officer or Director

Date