2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 728125

1. Entity 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

01042006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-0905226
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EPPERSON, MARK
STREET ADDRESS	4200 JAMMES ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	DT
NAME	WEBER, WILLIAM
STREET ADDRESS	3737 BRAMBLE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	DR
NAME	MCGRIFF, LORRAINE
STREET ADDRESS	4539 ARTHUR DURHAM DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	S
NAME	CHERRY, FRANCES
STREET ADDRESS	6304 SOLANDRA DR
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/06 80013-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frances C. Cherry Frances Cherry 1/4/06 (904)771-1145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #