2007 NOT-FOR-PROFIT CORPORATION

2007 08:00 AM ıte

ANNUAL REPORT			Jan 12, 2007 00:00			
DOCUMENT # 728125				2	Secretar	y of Sta
CEDAR HILLS BAPTIST CHURC						
Principal Place of Business	Mailing Address					
4200 JAMMES RD. Jacksonville, Fl 32210-7251	4200 JAMMES RD. JACKSONVILLE, FL 32210-72	51				
	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>. </u>				
		01082007	No Chg-NP	CR2E037 (4	/06)	
DO NOT WRIT	CE	4. FEI Numb		·	Applied For	
			59-090		- 69.75	Not Applicable Additional
		,	5. Certificate	of Status Desired	Fee Re	
6. Name and Address of Cur	rent Registered Agent				 -	· · · ·
WEBER, WILLIAM 3737 BRAMBLE ROAD		DO	NOT W	RITE		
JACKSONVILLE, FL 32210		_	THIS SI			
			11.4		AVE	
The above named entity submits this statement the obligations of registered agent.	ent for the purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of F	orlda. I am familiar	with, and accept
SIGNATURE	agent and title if applicable. (NOTE, Registers	d Agent signature required	when reinstating)		DATE	
Filing Fee is \$61.25		.00 May Be				
Due by May 1, 2007	Trust Fund Contribution.	∐ Add	ed to Fees	ַ ַ עַסְסַסַטַ	0584210	and a second
	AND DIRECTORS			01712707	-80027-008	61.25
ITILE PD NAME EPPERSON, MARK						
STREET AUDRESS 4200 JAMMES ROAD						
TITLE DT JACKSONVILLE, FL 32210		-{				
NAME WEBER, WILLIAM						
STREET ADDRESS 3737 BRAMBLE RD						
TITLE DR		1				
NAME MCGRIFF, LORRAINE						
STREET ADDRESS 4539 ARTHUR DURHAM DE	₹		DO	NOT V	/RITF	
CITY-ST-ZIP JACKSONVILLE, FL	<u> </u>	-	_			
NAME CHERRY, FRANCES			IN	THIS S	PACE	
STREET ADDRESS 6304 SOLANDRA DR						
CITY-ST-ZIP JACKSONVILLE, FL 32210						
TITLE NAME						
STREET ADDRESS						
City-ST-ZIP		Ī				

RITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: James C. Chery Fran-1/9/07 Frances C. Cherry (904)771-1145 Daytime Phone #

^{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.