

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90517 011 \*\*\*\*61.25

**DOCUMENT # N00000001315**

1. Entity Name

CEDAR GROVE POLICE AUXILIARY, INC.



Principal Place of Business

1415 BAKER COURT  
PANAMA CITY, FL 32401

Mailing Address

1415 BAKER COURT  
PANAMA CITY, FL 32401



04212004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3639128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HILL, R. MICHAEL  
1415 BAKER COURT  
PANAMA CITY, FL 32401

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when renaming)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HILL, R MICHAEL  
STREET ADDRESS 1415 BAKER COURT  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D  
NAME FERRICK, JOHN R  
STREET ADDRESS 506 DAVID AVE  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D  
NAME FUQUA, RUTH  
STREET ADDRESS 10202 DAVENPORT AVE  
CITY-ST-ZIP YOUNGSTOWN, FL 32456

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*R. Michael Hill* 4/21/2004 850-872-4128