

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90018 004 \*\*\*\*61.25

**DOCUMENT # N01000008037**

1. Entity Name  
CEDAR CREEK LIFE CENTER, INC.



Principal Place of Business  
280 E. MERRITT AVE.  
MERRITT ISLAND, FL 32953

Mailing Address  
280 E. MERRITT AVE.  
MERRITT ISLAND, FL 32953

40007997



**DO NOT WRITE IN THIS SPACE**

01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3756239

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HUGHES, BETTY A  
2080 NEWFOUND HARBOR DR.  
MERRITT ISLAND, FL 32952

**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 re-registering)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLECK, ROGER 490 DIANA BLVD. MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLECK, MARCY 490 DIANA BLVD. MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEN, RAY 280 E. MERRITT AVE. MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, CLARENCE 4155 SAN YSIDRO WAY ROCKLEDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUGHES, BETTY A 2080 NEW FOUND HARBOR DR. MERRITT ISLAND, FL 329522841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEATHCOTE, PAULINE 775 PLANTATION RD. MERRITT ISLAND, FL

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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 #

1/27/05 321-452-4080