



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2008 8:00 am**  
**Secretary of State**

07-16-2008 90010 034 \*\*\*\*61.25

DOCUMENT # N01000008037						
<b>1. Entity Name</b> CEDAR CREEK LIFE CENTER, INC.						
<b>Principal Place of Business</b> 200 E. MERRITT AVE. MERRITT ISLAND, FL 32953			<b>Mailing Address</b> 200 E. MERRITT AVE. MERRITT ISLAND, FL 32953			
<b>2. Principal Place of Business - No P.O. Box #</b> 4279 JUDITH AVE.		<b>3. Mailing Address</b> 490 DIANA BLVD.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07112008 Chg-NP CR2E037 (12/06)		
<b>City &amp; State</b> MERRITT ISLAND, FL		<b>City &amp; State</b> MERRITT ISLAND, FL		<b>4. FEI Number</b> 59-3756239		
<b>Zip</b> 32953		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> HUGHES, BETTY A 2080 NEWFOUND HARBOR DR. MERRITT ISLAND, FL 32952			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> DP	<b>NAME</b> FLECK, ROGER		<input type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 490 DIANA BLVD.	<b>CITY-ST-ZIP</b> MERRITT ISLAND, FL			<b>NAME</b> _____	<b>STREET ADDRESS</b> _____	
<b>TITLE</b> D	<b>NAME</b> FLECK, MARCY		<input type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 490 DIANA BLVD.	<b>CITY-ST-ZIP</b> MERRITT ISLAND, FL			<b>NAME</b> _____	<b>STREET ADDRESS</b> _____	
<b>TITLE</b> D	<b>NAME</b> KAUN, KIM		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1285 GIRARD BLVD	<b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952			<b>NAME</b> _____	<b>STREET ADDRESS</b> _____	
<b>TITLE</b> V	<b>NAME</b> BROWN, AUGUST		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4191 TIMOTHY DR	<b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32953			<b>NAME</b> HILL, IRA	<b>STREET ADDRESS</b> 1260 CREEK SIDE CIRCLE	
<b>TITLE</b> D	<b>NAME</b> HUGHES, BETTY A		<input type="checkbox"/> Delete	<b>TITLE</b> D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2080 NEW FOUND HARBOR DR.	<b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 329522841			<b>NAME</b> _____	<b>STREET ADDRESS</b> _____	
<b>TITLE</b> S	<b>NAME</b> HEATHCOTE, PAULINE		<input type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 775 PLANTATION RD.	<b>CITY-ST-ZIP</b> MERRITT ISLAND, FL			<b>NAME</b> _____	<b>STREET ADDRESS</b> _____	
<b>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.</b>						
<b>SIGNATURE:</b> <i>Betty A. Hughes</i> <b>BETTY A. HUGHES TREAS</b> <b>7/11/08</b> <b>407-257-2964</b>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						