

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009828

FILED  
Jul 23, 2006  
Secretary of State

**Entity Name:** CEDAR GROVE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

8201 CEDAR GROVE CHURCH ROAD  
PLANT CITY, FL 33567

**New Principal Place of Business:**

**Current Mailing Address:**

8201 CEDAR GROVE CHURCH ROAD  
PLANT CITY, FL 33567

**New Mailing Address:**

**FEI Number:** 59-2362170      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JAMESON, EARL  
8426 EDISON RD  
LITHIA, FL 33547      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SWILLEY, DORIS  
Address: 509 W. SWILLEY RD  
City-St-Zip: PLANT CITY, FL 33567

Title: D      ( ) Delete  
Name: HICKS, MARION  
Address: 602 E KEYSVILLE RD  
City-St-Zip: PLANT CITY, FL 33567

Title: D      ( ) Delete  
Name: JAMESON, EARL W  
Address: 8426 EDISON RD  
City-St-Zip: LITHIA, FL 33547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL JAMESON

DIRE

07/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date