

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002217

1. Entity Name

CEDAR GROVE MINISTRIES, INC.



Principal Place of Business

**11641 SW 145TH STREET
DUNNELLON FL 34432**

Mailing Address

**11641 SW 145TH STREET
DUNNELLON FL 34432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

51-0473435

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TYNER, MONARAYE
11641 SW 145TH STREET
DUNNELLON FL 34432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Monaraye M Tyner

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

(NOTE: Registered Agent signature required when renewing)

DATE

2/18/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
TYNER, MONARAYE
11641 SW 145TH ST.
DUNNELLON FL 34432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
PRIVETT, JOHN
PO BOX 96
OCKLAWAHA FL 32179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
WALLACE, JUDY TURNER
PO BOX 653
OCKLAWAHA FL 32179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JORDAN, CLIFFORD L
23265 W HIGHWAY 40
DUNNELLON FL 34431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TINKHAM, SALLY
10975 SW 152ND PLACE
DUNNELLON FL 34432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
**1100000444565
03/07/06 80009-002 70.00**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Monaraye M Tyner

2-18-06 252-368-8-