2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 17, 2007 8:00 am
Secretary of State
03-30-2007 90125 028 ****70.00

DOCUMENT # N03000002217

1. Entity Name
CEDAR GROVE MINISTRIES, INC.

Principal Place of Business	Mailing Address
~~11641 SW 145TH STREET~~ 8151 SW 202 Terr DUNNELLON, FL ~~34432~~ 34431	~~11641 SW 145TH STREET~~ P.O. Box 2337 DUNNELLON, FL ~~34432~~ 34430

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03092007 No Chg-NP CR2E037 (4/06)

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~~ 8151 SW 202 TERR
P.O. Box 2337
DUNNELLON, FL ~~34432~~ DUNNELLON FL
~~34430~~
34431

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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 Tyner 3-20-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	TYNER, MONARAYE
STREET ADDRESS	~~11641 SW 145TH ST~~ 8151 SW 202 Terr
CITY-ST-ZIP	DUNNELLON, FL ~~34432~~ 34431
TITLE	DP
NAME	PRIVETT, JOHN
STREET ADDRESS	PO BOX 86
CITY-ST-ZIP	OCKLAWAHA, FL ~~32179~~ 32183
TITLE	DV
NAME	WALLACE, JUDY TURNER
STREET ADDRESS	~~PO BOX 883~~ P.O. Box 759
CITY-ST-ZIP	OCKLAWAHA, FL ~~32179~~ 32183
TITLE	D
NAME	JORDAN, CLIFFORD L
STREET ADDRESS	23265 W HIGHWAY 40
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	D
NAME	TINKHAM, SALLY
STREET ADDRESS	10975 SW 152ND PLACE
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Monaraye Tyner 3-20-07 352-368-8251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #