

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90023 017 ****70.00

DOCUMENT # N03000002217 1. Entity Name CEDAR GROVE MINISTRIES, INC.					
Principal Place of Business 8151 SW 202 TERR DUNNELLO, FL 34431			Mailing Address P.O. BOX 2337 DUNNELLO, FL 34430		
2. Principal Place of Business - No P.O. Box # 9532 N EMELLIA AVE		3. Mailing Address Suite, Apt. #, etc.			
City & State CITRUS SPRINGS FL		City & State		4. FEI Number 51-0473435	
Zip 34433		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TYNER, MONARAYE 8151 SW 202 TERR DUNNELLO, FL 34431				7. Name and Address of New Registered Agent Name MONARAYE TYNER Street Address (P.O. Box Number is Not Acceptable) 9532 N EMELLIA AVE City CITRUS SPRINGS FL Zip Code 34433	
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 <u><i>Monaraye Tyner</i></u> 1-23-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TYNER, MONARAYE 8151 SW 202 TERR DUNNELLO, FL 34431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MONARAYE TYNER 9532 N EMELLIA AVE CITRUS SPRINGS FL 34433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRIVETT, JOHN PO BOX 86 OCKLAWAHA, FL 32183 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WALLACE, JUDY TURNER P.O. BOX 759 OCKLAWAHA, FL 32183 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, CLIFFORD L 23265 W HIGHWAY 40 DUNNELLO, FL 34431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINKHAM, SALLY 10975 SW 152ND PLACE DUNNELLO, FL 34432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Monaraye M Tyner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1-23-08</u> <small>Daytime Phone #</small>	