

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

01-26-2004 90008 001 ****61.25

DOCUMENT # N03000002661 1. Entity Name CEDAR HILL FULL GOSPEL CHURCH, INC.					
Principal Place of Business 1040 EAST NINE MILE RD. PENSACOLA, FL 32533			Mailing Address 1040 EAST NINE MILE RD. PENSACOLA, FL 32533		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 16-1636090	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VAN MATRE, THOMAS G JR. 4300 BAYOU BLVD., SUITE 16 PENSACOLA, FL 32503				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$64.25 Due by May 1, 2004		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	DP HEIDEN, WILLIAM C JR 7430 NOKOMIS STREET PENSACOLA, FL 32526 <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 TURNER, G.M. 637 BAYPOINT BLVD. MILTON, FL 32583 <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 CHRISTOPHERSON, CHRIS 8325 LOFTON DRIVE PENSACOLA, FL 32514 <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	DS HALL, BILL 460 DEERFOOT LANE CANTONMENT, FL 32533 <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 COLBERT, OTIS F 907 BELAIR ROAD PENSACOLA, FL 325053001 <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	DT COOK, A.L. SR. 11 FELIZ AVENUE PENSACOLA, FL 32534 <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 exemption stated in Section 119.07(3)(i), 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>Bill Hall</u> <u>Bill Hall</u> <u>1-22-04</u> <u>850 968 5097</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66401858



01212004 Chg-NP CR2E037 (10/03)

attachment

106401858

#NO3000002661

Subject: CEDAR HILL FULL GOSPEL CHURCH

I have enclosed our Employer Identification Number (EIN) 16-1636090 in Block 4.

I apologize for my mistake.

Sincerely

Bill Hill