


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90257 039 \*\*\*\*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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-1636090	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEIDEN, WILLIAM C JR		NAME		
STREET ADDRESS	7430 NOKOMIS STREET		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TURNER, G.M.		NAME		
STREET ADDRESS	637 BAYPOINT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32583		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTOPHERSON, CHRIS		NAME		
STREET ADDRESS	8325 LOFTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, BILL		NAME		
STREET ADDRESS	460 DEERFOOT LANE		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLBERT, OTIS F		NAME		
STREET ADDRESS	907 BELAIR ROAD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32505-3001		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, A.L. SR.		NAME		
STREET ADDRESS	11 FELIZ AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32534		CITY-ST-ZIP		
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>			2-27-05 850-968-5097		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		