

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28147

FILED
Jan 16, 2008
Secretary of State

Entity Name: CEDAR BAY BAPTIST CHURCH, INC.

Current Principal Place of Business:

11553 N MAIN ST
JACKSONVILLE, FL 322184002

New Principal Place of Business:

Current Mailing Address:

11553 N MAIN ST
JACKSONVILLE, FL 322184002

New Mailing Address:

FEI Number: 59-1381281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUMSDEN, ROBERT
11553 N. MAIN STREET
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LUMSDEN, ROBERT
Address: 11553 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32218

Title: P () Delete
Name: WARREN, THOMAS
Address: 11553 N MAIN ST
City-St-Zip: JACKSONVILLE, FL

Title: V () Delete
Name: DURHAM, CHARLES
Address: 11553 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32218

Title: DT () Delete
Name: DURHAM, CHARLES
Address: 11553 N HIGH ST
City-St-Zip: JACKSONVILLE, FL 32218

Title: S (X) Delete
Name: HALL, LARRY
Address: 11553 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32218

Title: C (X) Delete
Name: THOMAS, DANNY
Address: 11553 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TYLER, WILLIAM
Address: 11553 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32218

Title: S (X) Change () Addition
Name: WARREN, LAURIE
Address: 11553 N MAIN ST
City-St-Zip: JACKSONVILLE, FL

Title: T (X) Change () Addition
Name: LUMSDEN, ROBERT
Address: 11553 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP (X) Change () Addition
Name: BRUTON, ELMER
Address: 11553 N HIGH ST
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE WARREN

LW

01/16/2008

Electronic Signature of Signing Officer or Director

Date