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Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90084 020 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N41220

1. Corporation Name
CEDAR CREEK CHURCH, INC.

Principal Place of Business CEDAR CREEK CHURCH COUNTY RD 124 SANDERSON FL 32087	Mailing Address C/O DIANNE WILLIAMS RT. 1. BOX 590 LAWTEY FL 32058
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/04/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2314725
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent WILLIAMS, DIANNE RT. 1, BOX 590 LAWTEY FL 32058	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D WILLIAMS, WILLIE J. D.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS RT. 1, BOX 590		1.2 NAME	
CITY-ST-ZIP LAWTEY FL		1.3 STREET ADDRESS	
TITLE D WILLIAMS, RICHARD W.	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
STREET ADDRESS RT. 1, BOX 595		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP LAWTEY FL		2.2 NAME	
TITLE D CROFT, JOHNNIE S., JR.	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS SHAW ROAD		2.4 CITY-ST-ZIP	
CITY-ST-ZIP OLUSTEE FL		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST WILLIAMS, DIANNE	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS RT. 1 BOX 590		3.3 STREET ADDRESS	
CITY-ST-ZIP LAWTEY FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dianne Williams* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 1-25-99 DATE
 (904) 496-2444 DAYTIME PHONE #

CR2E037 (1/98)