

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41220

1. Entity Name

CEDAR CREEK CHURCH, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90127 001 \*\*\*\*61.25

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 32058-9603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2314725**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WILLIAMS, DIANNE  
RT. 1, BOX 590  
LAWTEY FL 32058

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILLIE J. D.	
STREET ADDRESS	RT. 1, BOX 590	
CITY-ST-ZIP	LAWTEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, RICHARD W.	
STREET ADDRESS	RT. 1, BOX 595	
CITY-ST-ZIP	LAWTEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROFT, JOHNNIE S., JR.	
STREET ADDRESS	SHAW ROAD	
CITY-ST-ZIP	OLUSTEE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIAMS, DIANNE	
STREET ADDRESS	RT. 1 BOX 590	
CITY-ST-ZIP	LAWTEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

904-496-2944

Date

Daytime Phone #

CH2E037 (9/99)