

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41220

1. Entity Name

CEDAR CREEK CHURCH, INC.

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90408 031 ****61.25

Principal Place of Business

Mailing Address

CEDAR CREEK CHURCH
COUNTY RD 124
SANDERSON FL 32087
C/O DIANNE WILLIAMS
RT. 1, BOX 590
LAWTEY FL 32058

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2314725

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

Daytime Phone #

CR2E037 (9/01)