


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N41220 1. Entity 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
---	--



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2314725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, DIANNE RT. 1, BOX 590 LAWTEY, FL 32058

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, WILLIE J. D. RT. 1, BOX 590 LAWTEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, RICHARD W. RT. 1, BOX 595 LAWTEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROFT, JOHNNIE S., JR. SHAW ROAD OLUSTEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WILLIAMS, DIANNE RT. 1 BOX 590 LAWTEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000264899
03/16/05-80034-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Dianne Williams 3/15/05 386-496-2944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #