2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90031 017 ****61.25

DOCUMENT # N41220

1. Entity Name
CEDAR CREEK CHURCH, INC.

Principal Place of Business	Mailing Address
CEDAR CREEK CHURCH COUNTY RD 124 SANDERSON, FL 32087	17597 NE 261 AVE LAWTEY, FL 32058

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03172007 Chg-NP CR2E037 (12/06)

4. FEI Number: 59-2314725 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, DIANNE
17597 NE 241 AVE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☑ Delete
NAME	WILLIAMS, WILLIE J.D.	
STREET ADDRESS	17597 NE 261 AVE	
CITY ST ZIP	LAWTEY, FL 32058	
TITLE	D	☐ Delete
NAME	WILLIAMS, RICHARD W.	
STREET ADDRESS	17399 NE 261 AVE	
CITY ST ZIP	LAWTEY, FL 32058	
TITLE	D	☐ Delete
NAME	CROFT, JOHNNIE S., JR.	
STREET ADDRESS	SHAW ROAD	
CITY ST ZIP	OLUSTEE, FL	
TITLE	ST	☐ Delete
NAME	WILLIAMS, DIANNE	
STREET ADDRESS	17597 NE 261 AVE	
CITY ST ZIP	LAWTEY, FL 32058	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR