

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N41220

1. Entity Name
CEDAR CREEK CHURCH, INC.



Principal Place of Business

CEDAR CREEK CHURCH
COUNTY RD 124
SANDERSON, FL 32087

Mailing Address

17597 NE 261 AVE
LAWTEY, FL 32058

FILED
Jul 07, 2008 08:00 AM
Secretary of State



07032008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2314725	Applied For Not Applied
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

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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 _____ DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

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

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07/07/08-80002-014 61.25

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IN THIS SPACE**

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