


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90046 030 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000003711**

1. Corporation Name

**CEDAR RIVER CLUB, INC.**

Principal Place of Business  
 5039 NORMANDY BOULEVARD  
 JACKSONVILLE FL 32205

Mailing Address  
 5039 NORMANDY BOULEVARD  
 JACKSONVILLE FL 32205



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/17/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3344188	
24 Country		29 Country		30	
5. Certificate of Status Desired				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing				Trust Fund Contribution	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POUCHER, ALLEN L. 320 EAST ADAMS STREET JACKSONVILLE FL 32202				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2-7-99

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUTTS, HARRY			1.2 NAME	Griffin, Richard		
STREET ADDRESS	2240 BAYVIEW RD.			1.3 STREET ADDRESS	1570 S. Lane Ave.		
CITY-ST-ZIP	JACKSONVILLE FL 32210			1.4 CITY-ST-ZIP	Jacksonville, FL 32210	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STALVEY, WANDA			2.2 NAME	Swanson, Sandra		
STREET ADDRESS	RT. 1, BOX 646			2.3 STREET ADDRESS	4633 Sunderland Rd.		
CITY-ST-ZIP	MACCLENNY FL 32063			2.4 CITY-ST-ZIP	Jacksonville, FL 32210		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPENCER, WILLIAM M JR.			3.2 NAME			
STREET ADDRESS	8255 BARRACUDA ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32244			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGINNIS, CINDY			4.2 NAME	Lansing, Betsy		
STREET ADDRESS	931 CEDAR STREET #4			4.3 STREET ADDRESS	8669 Great Pine Lane W.		
CITY-ST-ZIP	JACKSONVILLE FL 32244			4.4 CITY-ST-ZIP	Jacksonville, FL 32244		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGINNIS, CINDY			5.2 NAME	Butts, Harry		
STREET ADDRESS	931 CEDAR STREET #4			5.3 STREET ADDRESS	2240 Bayview Rd.		
CITY-ST-ZIP	JACKSONVILLE FL 32244			5.4 CITY-ST-ZIP	Jacksonville, FL 32210		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STONE, DARRELL			6.2 NAME			
STREET ADDRESS	9842 103RD STREET LT. 76			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210			6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. GRIFFIN

Date

2-7-99

Daytime Phone #

(904) 378-9056

CR2E037 (1/98)