## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

## Jan 20, 2004 8:00 am Secretary of State **DOCUMENT # N93000003711** 01-20-2004 90051 026 \*\*\*\*61.25 1. Entity Name CEDÁR RIVER CLUB, INC. Mailing Address Principal Place of Business **オオリリかりかり** C/O JOHN R. SCHULTZ 911 S. EDGEWOOD AVENUE POST OFFICE BOX 1200 JACKSONVILLE, FL 32205-5340 JACKSONVILLE, FL 32201-1200 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 01072004 CR2E037 (10/03) Suite, Apt. #, etc. Chg-NP Applied For 4. FEI Number City & State City & State 59-3344188 Not Applicable \$8.75 Additional Country 7ip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POUCHER, ALLEN L Street Address (P.O. Box Number is Not Acceptable) 2705 RIVERSIDE AVENUE JACKSONVILLE, FL 32205 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ■ Addition ☐ Change TITLE ☐ Delete TITLE LANSING-FRYMAN, BETSY NAME NAME STREET ADDRESS STREET ADDRESS 8669 GREAT PINE LANE W. CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP PRESIDENT / DIRECTOR Addition Change Delete TITLE PΠ ROBERT FRYMAN 9115 Edgewood Ave So TITLE NAME POOR, DONALD NAME STREET ADDRESS 353 LAKE MARIETTA DR. STREET ADDRESS JACKSONVILLE FL 32 205-5340 CITY-ST-ZIP JACKSONVILLE, FL 32228 CITY-ST-ZIP TREAUSER / DIRECTOR ☐ Change ☐ Addition Delete TITLE TD TITLE TINA-BIASIZZO 911 S, Edgewood Ave So NAME NAME SCHULTZ, JOHN R -- -STREET ADDRESS P.O. BOX 1200 STREET ADDRESS JACKSONVILLE FL VICE PRESIDENT 32205-5340 CITY-ST-ZIP JACKSONVILLE, FL 32201 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE CINDY Egger 911 S. Edgewood AveSo, NAME AUTREY, THOMAS WESLEY NAME STREET ADDRESS 3947 BOONE PARK AVENUE STREET ADDRESS JACKSONVILLE FL 32205-5340 CITY-ST-7IP JACKSONVILLE, FL 32205 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

■ Addition

☐ Change

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Robert FRYMAN 1-13-64 (904) 269-4146 obert mman SIGNATURE: