2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003711

Entity Name: CEDAR RIVER CLUB, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

911 S. EDGEWOOD AVENUE JACKSONVILLE, FL 322055340

Current Mailing Address: New Mailing Address:

5139 GLENWOOD AVE 2816 GREEN ST

JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205

FEI Number: 59-3344188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POUCHER, ALLEN L 2705 RIVERSIDE AVENUE JACKSONVILLE, FL 32205

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.

SIGNATURE:

Flacture Company of Davidson d Asset

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

 Title:
 S
 () Delete

 Name:
 ALEXANDER, ROSE

 Address:
 2816 GREEN ST

City-St-Zip: JACKSONVILLE, FL 32205

Title: P () Delete Name: KILGORE, AMY

Address: 3122 PLUM ST City-St-Zip: JACKSONVILLE, FL 32205

Title: TD () Delete
Name: ANDERSON, TINA

Address: 5139 GLENWOOD AVE City-St-Zip: JACKSONVILLE, FL 32205

Title: VP (X) Delete Name: BRANSON, BASCOMB

Name: BRANSON, BASCOMB
Address: 5139 GLENWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: TD (X) Change () Addition

Name: HASKINS, MORY Address: 2816 GREEN ST

City-St-Zip: JACKSONVILLE, FL 32205

Title: S (X) Change () Addition

Name: KILGORE, AMY Address: 3122 PLUM ST

City-St-Zip: JACKSONVILLE, FL 32205

Title: P (X) Change () Addition Name: KILGORE, ROBERT L JR.

Address: 3122 PLUM ST.

City-St-Zip: JACKSONVILLE, FL 32205

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY L. KILGORE S 04/28/2009