

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006656

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: CEDAR RIVER CLUB OF JACKSONVILLE, INC.

## Current Principal Place of Business:

5700 SAN JUAN AVENUE  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 7333  
JACKSONVILLE, FL 32238

## New Mailing Address:

FEI Number: 59-3544526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROPHET, JUDITH L  
4323 ORTEGA FARMS CIRCLE  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

PAUL, GRANT A  
3946 ST. JOHNS AVE  
113  
JACKSONVILLE, FL 32205 US

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: PAUL A. GRANT

03/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: GRASS, RAYMOND  
Address: 4413 ORTEGA FARMS CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP ( ) Delete  
Name: HIPPEN, DALE  
Address: 5911 HYDE PARK CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TREA ( ) Delete  
Name: HOWELL, CONNIE  
Address: 5700 SAN JUAN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ROBERTS, CRAIG  
Address: 5700 SAN JUAN AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Change ( ) Addition  
Name: GRANT, PAUL A  
Address: 3946 ST. JOHNS AVE - APT 113  
City-St-Zip: JACKSONVILLE, FL 32205

Title: SECY (X) Change ( ) Addition  
Name: HOWELL, CONNIE  
Address: 5700 SAN JUAN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TR ( ) Change (X) Addition  
Name: YVETTE, CANDLER  
Address: 3946 ST. JOHNS AVE. #66  
City-St-Zip: JACKSONVILLE, FL 32205

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: PAUL A. GRANT

VP

03/27/2009

Electronic Signature of Signing Officer or Director

Date