

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90108 048 ****61.25

DOCUMENT # 703989
 1. Entity Name
CYPRESS PRESBYTERIAN CHURCH (U.S.A.), INC.

Principal Place of Business Mailing Address
950 SOUTH CYPRESS RD. **950 SOUTH CYPRESS RD.**
POMPANO BEACH FL 33060 **POMPANO BEACH FL 33060-8815**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-6046577 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BELLIS, LETTIE
121 SE 8 ST.
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	T BELLIS, LETTIE	<input type="checkbox"/> Delete
STREET ADDRESS	121 SE 8 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE NAME	T SAUNDERS, EDWARD L	<input type="checkbox"/> Delete
STREET ADDRESS	1469 60 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE NAME	T HAGUE, LENA	<input type="checkbox"/> Delete
STREET ADDRESS	10944 NW 13 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE NAME	T KNIGHT, BETTY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2651 S. COURSE DRIVE #107	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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.

SIGNATURE: **SIGNATURE REQUIRED** *Lettie Bellis* 1/6/2000 (954) 942-6330