


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90049 028 \*\*\*\*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**

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**



1st MOORE      CR2E037 (10/05)

6. Name and Address of Current Registered Agent  
**BELLIS, LETTIE**  
**128 S. CYPRESS ROAD**  
**POMPANO BEACH FL 33060-4071**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, Title and printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> Delete
NAME	BELLIS, LETTIE
STREET ADDRESS	128 S CYPRESS RD APT 813
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	T <input type="checkbox"/> Delete
NAME	SAUNDERS, EDWARD L
STREET ADDRESS	1469 60 ST
CITY-ST-ZIP	FT LAUDERDALE FL 33334
TITLE	T <input type="checkbox"/> Delete
NAME	FITSIMMONS, BARBAPA
STREET ADDRESS	51 SE 11 STREET
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZSIMMONS, BARBARA
STREET ADDRESS	51 SE 11 STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Lettie Bellis* **LETTIE BELLIS**      1/31/06      954-942-5330