


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90074 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 - No P.O. Box #      3. Mailing Address  
**ABOVE**      **ABOVE**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/06)

City & State      City & State  
**POMPANO BEACH, FLORIDA**      **POMPANO BEACH, FLORIDA**  
Zip      Country      Zip      Country  
**33060**      **USA**      **33060**      **USA**

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**  
**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 checked="" 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	FITZSIMMONS, BARBARA	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. T. E. McDowell	
STREET ADDRESS	451 Heritage Dr. #1016	
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		
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