

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08446 (9)
1. Corporation Name
**CYPRESS GARDENS WINTER MINISTRY (C.R.C., R.C.A.)
INC.**



Principal Place of Business Mailing Address
**C/O RICHARD CROSBY
140 MALLARD RD.
LAKE ALFRED FL 33850
US** **C/O RICHARD CROSBY
186 LAKESIDE RANCH
WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified **03/29/1985** 3a. Date of Last Report **03/17/1995**
4. FEI Number **59-1749402** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CROSBY, RICHARD
186 LAKESIDE RANCH
WINTER HAVEN FL 33881**
10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Richard E. Crosby** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)
Richard E. Crosby **3/25/96** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUITER, JOHN	1.2 NAME	Visser, Simon
STREET ADDRESS	106 SE VENUS	1.3 STREET ADDRESS	98 Palm Ln.
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Lake Alfred, Fl. 33850
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYKAMP, JACK	2.2 NAME	Fraaza, Robert
STREET ADDRESS	1701 COMMERCE #151	2.3 STREET ADDRESS	1925 Harden Blvd. # 108
CITY-ST-ZIP	HAINES CITY FL	2.4 CITY-ST-ZIP	Lakeland, Fl. 33803
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, RICHARD	3.2 NAME	
STREET ADDRESS	186 LAKESIDE RANCH	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S & AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPP, JIM	4.2 NAME	Ruiter, John
STREET ADDRESS	713 ROSE ST LOT 15	4.3 STREET ADDRESS	106 Venus S. E.
CITY-ST-ZIP	AUBURDALE FL	4.4 CITY-ST-ZIP	Winter Haven, Fl. 33884
TITLE	AT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	A S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOKERT, MARVIN	5.2 NAME	Brower, Henry
STREET ADDRESS	1951 LK DAISY RD BOX 17	5.3 STREET ADDRESS	Royal Oaks Resort # 33
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	Dundee, Fl. 33838
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISSER, SIMON	6.2 NAME	Nykamp, Jack
STREET ADDRESS	98 PALM LANE	6.3 STREET ADDRESS	1701 Commerce # 151
CITY-ST-ZIP	LAKE ALFRED FL	6.4 CITY-ST-ZIP	Haines City, Fl. 33880

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard E. Crosby* **Richard E. Crosby** **3/25/96** **(941) 422-5608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)