


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90179 042 \*\*\*\*61.25

**DOCUMENT # N96000001210**

1. Entity Name  
**CYPRESS POINTE CHURCH, INC.**



Principal Place of Business      Mailing Address

**101 S. CENTRAL AVENUE  
OVIEDO FL 32765  
US**      **101 S. CENTRAL AVENUE  
OVIEDO FL 32765  
US**

2. Principal Place of Business      3. Mailing Address

**815 Eyrie Drive**      **P.O. Box 623215**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite 1C**      \_\_\_\_\_

City & State      City & State

**Oviedo, Florida**      **Oviedo, Florida**

Zip      Country      Zip      Country

**32765**      **USA**      **32762-3215**      **USA**

4. FEI Number **59-3383490**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LACICH, DANIEL M  
1010 MAGEE CREEK CT NORTH  
OVIEDO FL 32765**

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]*      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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CLARK, KINNEY MR.</b>
STREET ADDRESS	<b>171 FOREST TRAIL</b>
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WILLIFORD, III, VERNA E MR.</b>
STREET ADDRESS	<b>1005 E. RIVIERA BOULEVARD</b>
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KAVENAGH, BRUCE MR.</b>
STREET ADDRESS	<b>720 BENTLEY STREET</b>
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	<b>Loaston, Don</b>
CITY-ST-ZIP	<b>1025 Moccasin Run Road Oviedo, FL 32765</b>
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 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]*      SIGNATURE REQUIRED

CR2E037 (10/02)