


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90002 015 ****70.00

DOCUMENT # N97000005606

1. Entity Name
 CYPRESS PRESBYTERIAN PRE-SCHOOL, INC.



Principal Place of Business
 950 S CYPRESS ROAD
 POMPANO BEACH, FL 33060

Mailing Address
 950 S CYPRESS ROAD
 POMPANO BEACH, FL 33060



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
 65-0795293

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

FITZSIMMONS, BARBARA J
 51 SE 11TH STREET
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing 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	P	<input checked="" type="checkbox"/> Delete
NAME	KRIEDEMANN, JANICE	
STREET ADDRESS	237 SW 11TH CT	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	S	<input type="checkbox"/> Delete
NAME	INNES, BARBARA	
STREET ADDRESS	2161 NE 63RD ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	TT	<input type="checkbox"/> Delete
NAME	FITZSIMMONS, BARBARA	
STREET ADDRESS	51 SE 11 ST.	
CITY-ST-ZIP	POMPANO BEACH, FL 330608831	
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		
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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 Chapter 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: *Barbara J. Innes* 3/17/07 954-415-3113