

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 09, 2009  
Secretary of State**

DOCUMENT# N97000005606

Entity Name: CYPRESS PRESBYTERIAN PRE-SCHOOL, INC.

**Current Principal Place of Business:**

950 S CYPRESS ROAD  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

950 S CYPRESS ROAD  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 65-0795293      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FITZSIMMONS, BARBARA J TREAS  
51 SE 11TH STREET  
POMPANO BEACH, FL 33060      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:            S            ( ) Delete  
Name:            INNES, BARBARA  
Address:        2161 NE 63RD ST.  
City-St-Zip:    FORT LAUDERDALE, FL 33308

Title:            PT            ( ) Delete  
Name:            FITZSIMMONS, BARBARA  
Address:        51 SE 11 ST.  
City-St-Zip:    POMPANO BEACH, FL 330608831

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            P            (X) Change ( ) Addition  
Name:            ZAINEDDEEN, SHADIA  
Address:        950 S. CYPRESS ROAD  
City-St-Zip:    POMPANO BEACH, FL 33060

Title:            ST            (X) Change ( ) Addition  
Name:            FITZSIMMONS, BARBARA  
Address:        51 SE 11 ST.  
City-St-Zip:    POMPANO BEACH, FL 330608831

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA FITZSIMMONS

ST

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date