## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005606

Entity Name: CYPRESS PRESCHOOL, INC.

**Current Principal Place of Business:** 

1777 N. DIXIE HWY

FORT LAUDERDALE, FL 33305

**Current Mailing Address:** 

51 SE 11TH STREET

POMPANO BEACH, FL 33060

FEI Number: 65-0795293 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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

FILED Apr 18, 2013

**Secretary of State** 

CC7117364187

Officer/Director Detail:

Title P Title VF

Name FITZSIMMONS, BARBARA Name HAMMAN, CHRISTOPHER EVP

Address 51 SE 11 ST. Address 3150 SW 18TH STREET

City-State-Zip: POMPANO BEACH FL 33060 City-State-Zip: FORT LAUDERDALE FL 33312

TitleTRUSTEETitleCO-TRUSTEENameTAYLOR, BENJAMINNameSMITH, KEN

Address 671 LAKESIDE CIRCLE #123 Address 2808 NE 24TH STREET

City-State-Zip: POMPANO BEACH FL 33060 City-State-Zip: FORT LAUDERDALE FL 33305

Title CO-TRUSTEE Title CO-TRUSTEE

Name ROGGER, ROBIN Name PARADAY, DEBORAH

Address 17004 SE 2ND STREET Address 2175 NE 56TH STREET 106

City-State-Zip: POMPANO BEACH FL 33060 City-State-Zip: FORT LAUDERDALE FL 33308

I hereby 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 all other like empowered.

SIGNATURE: BARBARA FITZSIMMONS

Electronic Signature of Signing Officer/Director Detail

PRESIDENT 04/18/2013

Date