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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703989** (4)

1. Corporation Name

CYPRESS PRESBYTERIAN CHURCH (U.S.A.), INC.



Principal Place of Business 950 SOUTH CYPRESS RD. POMPANO BEACH FL 33060	Mailing Address 950 SOUTH CYPRESS RD. POMPANO BEACH FL 33060-8815
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/03/1962	3a. Date of Last Report 04/04/1996
				4. FEI Number 59-6046577	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SULLIVAN, ROBERT L. DR.
4945 NW 6 ST.
COCONUT CREEK FL 33063**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD
NAME	KNIGHT, BETTY	1.2 NAME	ROBERT DAGLIAN
STREET ADDRESS	2651 S. COURSE DR. #107	1.3 STREET ADDRESS	230 SE 10 ST
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	SD	2.1 TITLE	SD
NAME	SETT, E. ORE. SAMDRA	2.2 NAME	LETTIE BELLIS
STREET ADDRESS	1041 LYONS PARK DRIVE	2.3 STREET ADDRESS	121 SE 8 ST
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	POMPANO BEACH FL
TITLE	T	3.1 TITLE	T
NAME	NORLING, DONNA	3.2 NAME	DONNA NORLING
STREET ADDRESS	1800 SW 3RD AVE.	3.3 STREET ADDRESS	1600 SW 3 ave
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	POMPANO BEACH FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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

Lettie Bellis 1/17/97

CR2E037 (9/96)