FILED

2002 UNIFORM BUSINESS REFORT (UBR)

Mar 29, 2002 8:00 am DOCUMENT # 703989 **Secretary of State** 1. Entity Name 02-05-2002 90151 030 ****61.25 CYPRESS PRESBYTERIAN CHURCH (U.S.A.), INC. Mailing Address Principal Place of Business 950 SOUTH CYPRESS RD. 950 SOUTH CYPRESS RD. POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-6046577 Not Applicable \$8.75 Additional Zip Zio Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 361 N.W. 24th Court BELLIS, LETTIE 121 SE 8 ST. Pompano Beach, F1 33064 POMPANO BEACH FL 33060 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. SIGNATURE (NQTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition 6)(9) X Change TITI F TITLE ☐ Delete NAME BELLIS, LETTIE STREET ADDRESS 361 N. W. 24th Court STREET ADDRESS 121 SE 8 ST CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, F1 33064 POMPANO BEACH FL 33060 ☐ Addition ☐ Change Delete TITLE 7ITLE NAME NAME SAUNDERS, EDWARD L STREET ADDRESS STREET ADDRESS 1489 60 ST CITY_ST_7IP CITY-ST-ZIP FT LAUDERDALE FL 33334 Addition ☐ Change X Delete TIM F TILE NAME MCDOWELL T.E. DR. Ruth Syverson NAME STREET ADDRESS 201 N OCEAN BLVD. PH-8 STREET ADDRESS 777 S. Federal Hwy. Apt.302N CITY-ST-ZIP CTY-51-73 POMPANO BEACH FL=33062 Pompano-Beach, ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 配配的性能配Bellis, 1/17/02 SIGNATURE: