2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2006 8:00 am Secretary of State **DOCUMENT # 703989** 1. Entity Name 02-15-2006 90049 028 ****61.25 CYPRESS PRESBYTERIAN CHURCH (U.S.A.), INC. Mailing Address Principal Place of Business 950 SOUTH CYPRESS RD. POMPANO BEACH FL 33060 950 SOUTH CYPRESS RD POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 59-6046577 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELLIS, LETTIE --Street Address (P.O. Box Number is Not Acceptable) 128 S. CYPRESS ROAD POMPANO BEACH FL 33060-4071 City 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, pend or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE ☐ Delete TITLE BELLIS, LETTIE NAME NAME 128 S CYPRESS RD APT 813 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Defete TITLE SAUNDERS, EDWARD L NAME NAME 1469 60 ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33334 CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Addition TIT: F ☐ Delete FITZSINMONS, BARBARA FITSIMMONS, BARBAPA NAME 51 SE 11 STREET STREET ADDRESS STREET ADDRESS 51 SE 11 STREET CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP POMPANO BEACH, FL 33060 Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIF Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

FILED