

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721947

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** CYPRESS CATHEDRAL ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

1801 HAVENDALE BLVD.  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

1801 HAVENDALE BLVD.  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 59-1270963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARDS, DWIGHT W  
1801 HAVENDALE BLVD.  
WINTER HAVEN, FL 33881 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: METZGAR, GAIL  
Address: 104 E GROVE DR  
City-St-Zip: LAKE HAMILTON, FL 33851

Title: VP ( ) Delete  
Name: BASSHAM, GENE  
Address: 1647 MARKER RD  
City-St-Zip: POLK CTY, FL

Title: PD ( ) Delete  
Name: EDWARDS, DWIGHT  
Address: 1801 HAVENDALE BLVD  
City-St-Zip: WINTER HAVEN, FL

Title: ELD ( ) Delete  
Name: WILLIAMS, BOBBY  
Address: P.O. BOX 2381  
City-St-Zip: WINTER HAVEN, FL 33883

Title: DEAC (X) Delete  
Name: BUSH, GARY  
Address: 2402 LAKE DRIVE NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: DEAC ( ) Delete  
Name: NOVAK, DAVID  
Address: 160 EAGLE POINT BLVD  
City-St-Zip: AUBURNDAL, FL 33823

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: EDWARDS, NOLAN  
Address: 937 CLASSIC VIEW DRIVE  
City-St-Zip: AUBURNDAL, FL 33823

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GAIL METZGAR

S

04/28/2009

Electronic Signature of Signing Officer or Director

Date