


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 732579
 1. Entity Name
CYPRESS LAKE UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
8570 CYPRESS LAKE DRIVE **8570 CYPRESS LAKE DRIVE**
FT. MYERS, FL 33919 **FT. MYERS, FL 33919**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1533907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HARRISON, GORDON G
1833 HENDRY ST
FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT LIDDLE, ROB 9231 CRYSTAL VIEW COURT FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAC SIMPSON, KIM 12150 HIDDEN LINKS DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LLD BAYS, ZIGGIE 18728 WELLINGTON LAKES CIRCLE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST DORMER, SUZANNE 14591 GLEN COVE DR., #1201 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000610010
 02/02/07-80004-004 61.25

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: Kim Simpson Kim Simpson 1/25/07 239-482-1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #