

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734923

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CYPRESS LAKE PRESBYTERIAN CHURCH, INC.

**Current Principal Place of Business:**

8260 CYPRESS LAKE DR.  
FORT MYERS, FL 339195116

**New Principal Place of Business:**

**Current Mailing Address:**

8260 CYPRESS LAKE DR.  
FORT MYERS, FL 339195116

**New Mailing Address:**

**FEI Number:** 59-1649348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEACHAM, MARIETTA  
9519 GLADIOLUS PRESERVE CIRCLE  
FT. MYERS, FL 33908 US

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

SCULLION, MICHAEL  
6980 ESSEX DRIVE  
FT. MYERS, FL 33919 US

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: MIKE SCULLION

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LASAGE, ROBERT  
Address: 1027 AVERLY STREET  
City-St-Zip: FT MYERS, FL 33919

Title: SD ( ) Delete  
Name: BARBARA, BANCROFT  
Address: 1917 GOLFVIEW BLVD  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete  
Name: SCULLION, MICHAEL  
Address: 6980 ESSEX DRIVE  
City-St-Zip: FORT MYERS, FL 33919

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

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: MICHAEL SCULLION

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date