
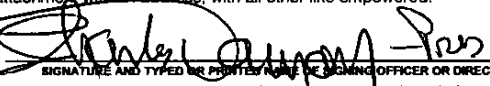


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90152 047 ****61.25

DOCUMENT # 735374 1. Entity Name CYPRESS CHAPTER, INC. OF THE IZAAK WALTON LEAGUE OF AMERICA					
Principal Place of Business 8661 CORKSCREW ROAD ESTERO, FL 33928 US			Mailing Address P.O. BOX 97 ESTERO, FL 33928 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02222006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 51-0202033	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAURAY, CHARLES			Name		
8661 CORKSCREW ROAD			Street Address (P.O. Box Number is Not Acceptable)		
ESTERO, FL 33928					
			City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAURAY, CHARLES		NAME		
STREET ADDRESS	8661 CORKSCREW ROAD		STREET ADDRESS		
CITY - ST - ZIP	ESTERO, FL 33928		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, THOMAS A		NAME		
STREET ADDRESS	1343 OLD OAK LANE		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 341104125		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTTON, DELLORICE M		NAME		
STREET ADDRESS	2535 GOLFSIDE DR		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34110		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERGQUIST, SARAH		NAME		
STREET ADDRESS	1718 LAKESIDE TERRACE		STREET ADDRESS		
CITY - ST - ZIP	NORTH FORT MYERS, FL 33903		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, FRANKLIN B		NAME		
STREET ADDRESS	761 15TH ST NW		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34120		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			3/6/06 239-992-2184		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		