## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 757989** 02 SEP 24 AM 9: 47 1. Entity Name CYPRESS CATHEDRAL HOUSING, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1601 HAVENDALE BLVD 1801 HAVENDALE BLVD WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-2099974 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) EDWARDS, DWIGHT 1801 HAVENDALE BLVD WINTER HAVEN FL 33881 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 registernd agent SIGNATURE After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MLE PD Delete TITLE Change Addition ₹ edwards, dwight NAME NAME STREET ADDRESS STREET ADDRESS R2E037 1801 HAVENDALE BLVD. CITY-ST-ZIP CITY-ST-ZIP winter haven, FL 00000 ☐ Detete SD TITLE TITLE ☐ Chance ☐ Addition PARKER, LOWELL NAME STREET ADDRESS 110 VICTORIA CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP AUBURNDALE FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change TYE, DON NAME STREET ADDRESS 1700 15TH ST NW STREET ADDRESS CITY-ST-7IP CITY-ST-7IP winter haven fl ☐ Delete TITLE TITLE ☐ Change Addition BASSHAM, GENE NAME NAME STREET ADDRESS 1647 MARKER RD. STREET ADDRESS CITY-ST-ZIP POLK CITY FL CITY-ST-ZIP Delete ΠŒΕ TITLE ☐ Change Addition DAULO GAllagher 4908 LAKE Juliana Reserve WILSON: JEFF MANIE NAME

1232 TANGERINE PKWY N.E. WINTER HAVEN, FL 33681 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 attackment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

207 CAMBRIDGE SQUARE SE

WINTER HAVEN FL

METZGAR, DAVID

lake Hamilton Fl

101 GROVE DR

AUBURNDALE, FL 33823

GARY BUSh

☐ Change

Addition