2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State
06-28-2004 90009 019 ****61.25

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1. Entity Name
CYPRESS CATHEDRAL HOUSING, INC.

54058979

Principal Place of Business	Mailing Address
1801 HAVENDALE BLVD WINTER HAVEN, FL 33881	1801 HAVENDALE BLVD WINTER HAVEN, FL 33881

03182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2099974
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, DWIGHT
1801 HAVENDALE BLVD
WINTER HAVEN, FL 33881

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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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDWARDS, DWIGHT
STREET ADDRESS	1801 HAVENDALE BLVD.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	SD
NAME	PARKER, LOWELL
STREET ADDRESS	110 VICTORIA CIRCLE
CITY-ST-ZIP	AUBURNDALE, FL
TITLE	D
NAME	TYE, DON
STREET ADDRESS	1700 15TH ST NW
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	BASSHAM, GENE
STREET ADDRESS	1647 MARKER RD.
CITY-ST-ZIP	POLK CITY, FL
TITLE	D
NAME	GALLAGHER, DAVID
STREET ADDRESS	4908 LAKE JULIANA RESERVE
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	D
NAME	BUSH, GARY
STREET ADDRESS	1232 TANGERINE PKWY NE
CITY-ST-ZIP	WINTER HAVEN, FL 33881

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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 attachment with an address, with all other like empowered.

SIGNATURE: Dwight Edwards DWIGHT EDWARDS 6/21/04 863-294-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #