2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# 757989

Entity Name: CYPRESS CATHEDRAL HOUSING, INC.

Current Principal Place of Business:

1601 HAVENDALE BLVD
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

1801 HAVENDALE BLVD
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-2099974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, DWIGHT
1801 HAVENDALE BLVD
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	EDWARDS, DWIGHT	
Address:	1801 HAVENDALE BLVD.	
City-St-Zip:	WINTER HAVEN, FL	
Title:	SD	( ) Delete
Name:	LANGDON, GLENDA	
Address:	240 KILL COURT	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	D	( ) Delete
Name:	LANGDON, DAVID	
Address:	240 HILL COURT	
City-St-Zip:	WINTER HAVEN, FL	
Title:	D	( ) Delete
Name:	BASSHAM, GENE	
Address:	1647 MARKER RD.	
City-St-Zip:	POLK CITY, FL	
Title:	D	( ) Delete
Name:	METZGAR, DAVID	
Address:	P.O. BOX 356	
City-St-Zip:	LAKE HAMILTON, FL 33823	
Title:	D	( ) Delete
Name:	HERSTINE, BRADY	
Address:	2000 21ST STREET	
City-St-Zip:	WINTER HAVEN, FL 33881	

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:	
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 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: DWIGHT EDWARDS PD 01/29/2007

Electronic Signature of Signing Officer or Director — Date