

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757989

FILED
Apr 28, 2009
Secretary of State

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:

EDWARDS, NOLAN
937 CLASSIC VIEW DRIVE
AUBURNDAL, FL 33823 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: NOLAN EDWARDS

04/28/2009

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: ELD () Delete
Name: WILLIAMS, BOBBY
Address: PO BOX 2381
City-St-Zip: WINTER HAVEN, FL 33883

Title: D () Delete
Name: BUSH, GARY
Address: 2402 LAKE DRIVE NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: BASSHAM, GENE
Address: 1647 MARKER RD.
City-St-Zip: POLK CITY, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EDWARDS, NOLAN
Address: 937 CLASSIC VIEW DRIVE
City-St-Zip: AUBURNDAL, FL 33823

Title: VP (X) Change () Addition
Name: EDWARDS, DWIGHT
Address: 1231 8TH STREET NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: E (X) Change () Addition
Name: WILLIAMS, BOBBY
Address: P.O.BOX 2381
City-St-Zip: WINTER HAVEN, FL 33883

Title: D (X) Change () Addition
Name: METZGAR, GAIL
Address: 104 EAST GROVE DRIVE
City-St-Zip: LAKE HAMILTON, FL 33851

Title: D () Change (X) Addition
Name: NOVAK, DAVID
Address: 160 EAGLE POINT BLVD.
City-St-Zip: AUBURNDAL, FL 33823

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: GAIL METZGAR

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date