2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000135

Entity Name: BIG CYPRESS HOUSING CORPORATION

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
19308 SW 380TH ST. FLORIDA CITY, FL 33034						
Current Mailing Address:				New Mailing Address:		
P.O. BOX 343529 HOMESTEAD, FL 33034				P.O. BOX 343529 FLORIDA CITY, FL 33034		
FEI Number: 65-1067124 FEI Number Applied For () FEI Number				ot Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
KIRK, STEVEN 19308 SW 380TH ST HOMESTEAD, FL 33034 US			1930	KIRK, STEVEN 19308 SW 380TH ST FLORIDA CITY, FL 33034 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:				03/17/2009		
	Electronic	Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS: ADDITIONS/CH/				ITIONS/CHAN	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E KIRK, STEVEN 19308 SW 380TH FLORIDA CITY, F		Title: Name Addre City-S	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () E JIMENEZ, MARIA 402 W MAIN ST IMMOKALEE, FL		Title: Name Addre City-S	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD () E JENSEN, ROBER 18640 SW 295TH HOMESTEAD, FL	TERR.	Title: Name Addre City-S	ss: 18640 SV	(X) Change()Addition ROBERT V 295TH TERR. EAD, FL 33030	
Title: Name: Address: City-St-Zip:	STD () E LOPEZ, ARTURO 778 W PALM DR HOMESTEAD, FL		Title: Name Addre City-S	ss: 778 W P		
Title: Name: Address: City-St-Zip:	D () E SIMMONISE, MAI 140-7 ANHINJA C IMMOKALEE, FL	CIRCLE	Title: Name Addre City-S	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E PIERRE-GILLES, 128-5 ANHINGA (IMMOKALEE, FL	CIRCLE	Title: Name Addre City-S	ss:	() Change () Addition	

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: STEVEN KIRK P 03/17/2009