2001 UNIFORM BUSINESS REPORT (UBR)

3/7

FILED
May 21, 2001 8:00 am
Secretary of State
03-26-2001 90211 039 ****61.25

DOCUMENT # N05063

1. Entity Name

CYPRESS MEADOWS COMMUNITY CHURCH OF THE CHRISTIA

Principal Place of Business	Mailing Address
2180 MCMULLEN-BOOTH RD CLEARWATER FL 34619	2180 MCMULLEN-BOOTH RD CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2624337 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POOLE DOUGLAS 1117 ARCHERS BEND SAFETY HARBOR FL 34695	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POOLE, DOUGLAS D. 232 LOTUS DRIVE. SAFETY HARBOR FL	☐ Delete	TITLE T NAME SENIOR PASTOR STREET ADDRESS Douglas Poole CITY-ST-ZIP 1117 ARCHERS BEND SAFETY HARBOR, FL. 34695	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GEMMA, FRANK 2989 BOUGH AVE CLEARWATER FL 33760	☒ Delete	TITLE D NAME TREASURER STREET ADDRESS DALE TWARDOWSKI CITY-ST-ZIP 175 PATTY ANN BLVD. PALM HARBOR, FL 34683	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LIQUORI, MARILYN 6811 ROSEMARY DR TAMPA FL 33625	☐ Delete	TITLE D NAME S STREET ADDRESS MARILYN LIGUORI CITY-ST-ZIP 6811 Rosemary Dr TAMPA FL 33625	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROWN, JOHN 1648 FARRIER TRAIL CLEARWATER FL	☒ Delete	TITLE D NAME BOARD MEMBER STREET ADDRESS WENDY STUTZEL CITY-ST-ZIP 209 HANCOCK COURT SAFETY HARBOR, FL. 34695	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED Treasurer 3/17/01 727-725-4570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #