2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 AM
Secretary of State

DOCUMENT# N05063

Entity Name: CYPRESS MEADOWS COMMUNITY CHURCH OF THE CHRISTIAN & MISSIONARY ALLIANCE, INC.

Current Principal Place of Business:

2180 MCMULLEN-BOOTH RD
CLEARWATER, FL 34619

New Principal Place of Business:

2180 MCMULLEN-BOOTH RD
CLEARWATER, FL 33759

Current Mailing Address:

2180 MCMULLEN-BOOTH RD
CLEARWATER, FL 34619

New Mailing Address:

2180 MCMULLEN-BOOTH RD
CLEARWATER, FL 33759

FEI Number: 59-2624337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POOLE DOUGLAS
1117 ARCHERS BEND
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

POOLE, DOUGLAS
1117 ARCHERS BEND
SAFETY HARBOR, FL 34695 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: DOUGLAS POOLE 02/21/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SP ( ) Delete
Name: POOLE, DOUGLAS D.,
Address: 1117 ARCHERS BEND
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DS ( ) Delete
Name: LIQUORI, MARILYN
Address: 6811 ROSEMARY DR
City-St-Zip: TAMPA, FL 33625

Title: DT ( ) Delete
Name: TWARDIWSKI, DALE
Address: 175 PATTY ANN BLVD.
City-St-Zip: PALM HARBOR, FL 34683

Title: BMD ( ) Delete
Name: STUTZEL, WENDY
Address: 209 HANCOCK COURT
City-St-Zip: SAFETY HARBOR, FL 34695

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

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

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: BMD ( ) Change (X) Addition
Name: HERRMANN, DAVID S
Address: 90 HARBOR OAKS CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: BMD ( ) Change (X) Addition
Name: STEINBRUECK, PAUL
Address: 6 HARBOR COVE STREET
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUGLAS POOLE SP 02/21/2002
Electronic Signature of Signing Officer or Director Date